

Name  
in  
Full

Rebecca Andrews.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|   |                             |   |  |       |                 |                |
|---|-----------------------------|---|--|-------|-----------------|----------------|
| Died at <b>Federalburg</b>                              |                             | Town                                    | County <b>Caroline</b>                   |       | MARYLAND        |                |
| Date of death <b>1940</b>                               | Month <b>Apr.</b>           | Day <b>30</b>                           | Age <b>88</b>                            | Years | Months <b>7</b> | Days <b>20</b> |
| Sex <b>Female</b>                                       | Color or Race <b>White,</b> | Birth-place <b>Caroline Co.-Md.</b>     |  |       |                 |                |
| Occupation <b>House-work.</b>                           |                             | Where Residing if not at place of death |  |       |                 |                |
| Married, Single or Widowed <b>Widowed,</b>              | Name of Wife or Husband     | Richard Andrews, dec'd.                 |  |       |                 |                |
| Father's Name <b>Unknown -</b>                          | Camper-                     |   | Father's Birthplace <b>Unknown.</b>      |       |                 |                |
| Mother's Maiden Name <b>"</b>                           |                             |   | Mother's Birthplace <b>"</b>             |       |                 |                |
| Name of person giving information <b>Laura Andrews,</b> |                             |   | How related to deceased <b>Daughter.</b> |       |                 |                |

CAUSES OF DEATH

78

How long

1 year.

How long

3 months.

Primary

*Senile Dementia.*

Immediate

*Exacerbity & dying of lung*

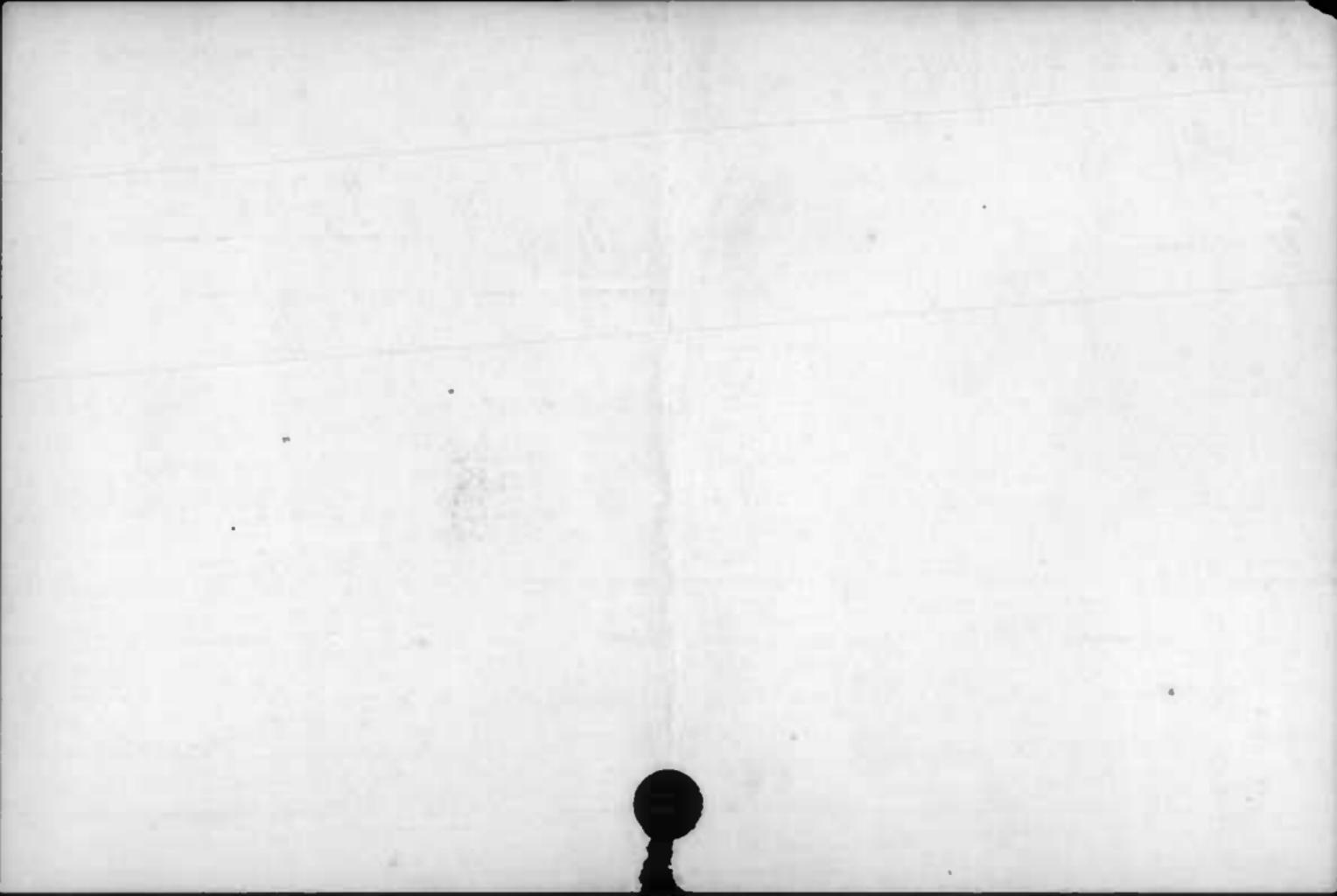
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

*E.F. Galloway,  
Federalburg, Md.*



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Horace Armstrong  
Died at Ridgely Town County  
Date of death 190 Month Day Years Age  
190 Jun 9 1  
Sex Male Color or Race Colored  
Occupation none Where Residing if not  
at place of death  
Married, Single or Widowed Single Name of Wife or  
Husband —  
Father's Name Ernest Armstrong  
Mother's Maiden Name Julia Wilkinson  
Name of person giving Information Ernest Armstrong

CERTIFICATE OF DEATH

MARYLAND

Months Days

10 29

Birth-place Ridgely  
Ridgely

Father's Birthplace Caroline Co  
Mother's Birthplace Caroline Co  
How related to deceased Father

CAUSES OF DEATH

Primary Malaria  
Immediate Exhauſtio[n]  
Are the name, age, sex, color, date  
and place correctly given above? Yes

Signature of Physician  
Address

189

How long

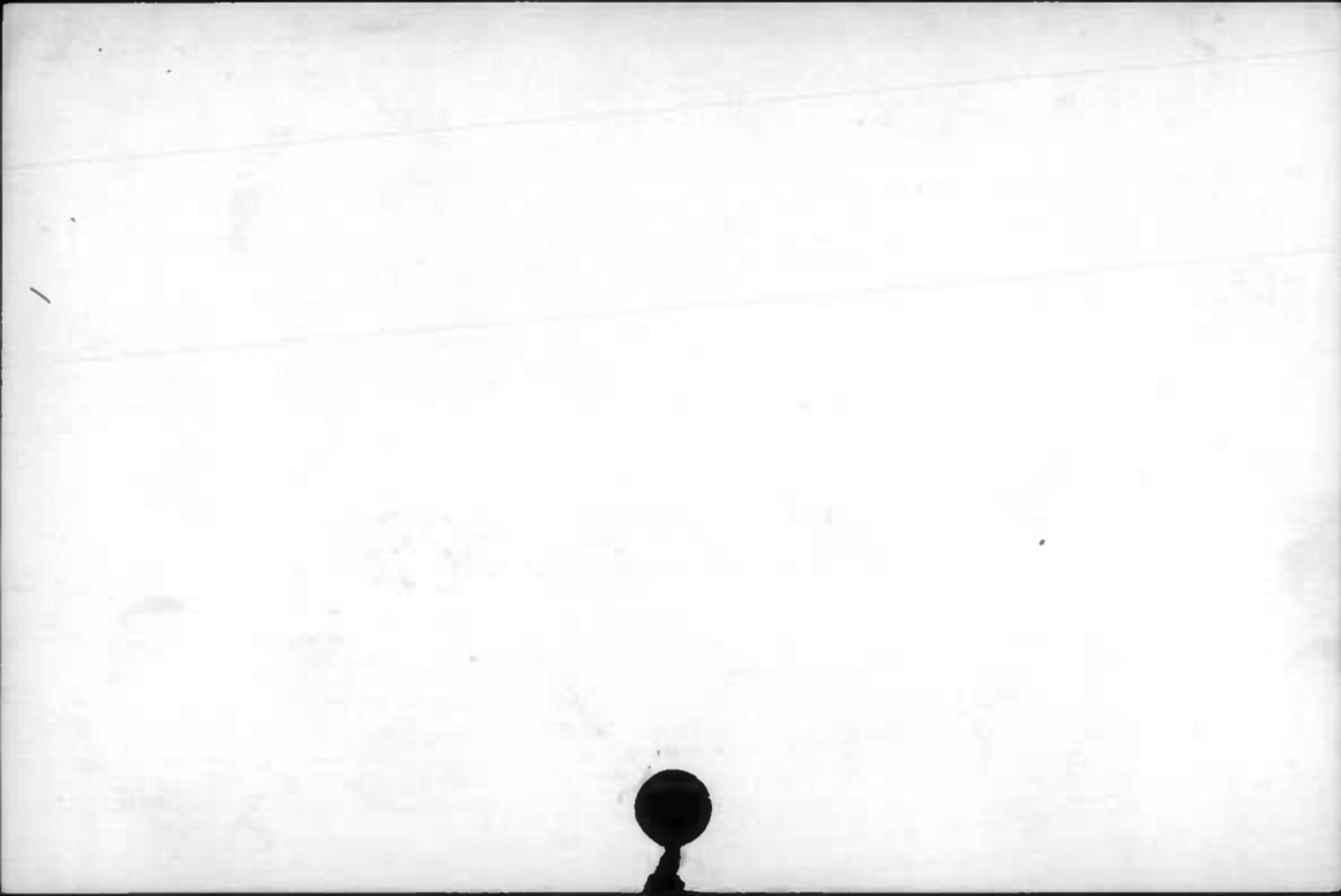
V

How long

22 m 02  
1 week

Accident or Suicide

J. A. Yoder, Jr.  
Ridgely  
Md.



Name  
in  
Full

Addie Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |          |
|-----------------------------------|---|-------------------------|----------|
| Died at                           | Town                                    | County                  | MARYLAND |
| Date of death                     | Month                                   | Years                   | Months   |
| 1960                              | 4                                       | 3                       | 15       |
| Sex                               | Age                                     | Days                    |          |
| Female                            | 15                                      |                         |          |
| Occupation                        | Color or Race                           | Birth-place             |          |
| None                              | White                                   | Maryland                |          |
| Married, Single or Widowed        | Where Residing if not at place of death |                         |          |
|                                   | Name of Wife or Husband                 |                         |          |
| Father's Name                     | Charles H Clark                         | Father's Birthplace     | Md.      |
| Mother's Maiden Name              | Ida Smith                               | Mother's Birthplace     | Md.      |
| Name of person giving information | Charles H Clark                         | How related to deceased | Father   |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis

28

How long

Two years

How long

West Piedmont  
Greensboro, Md.

Immediate

"

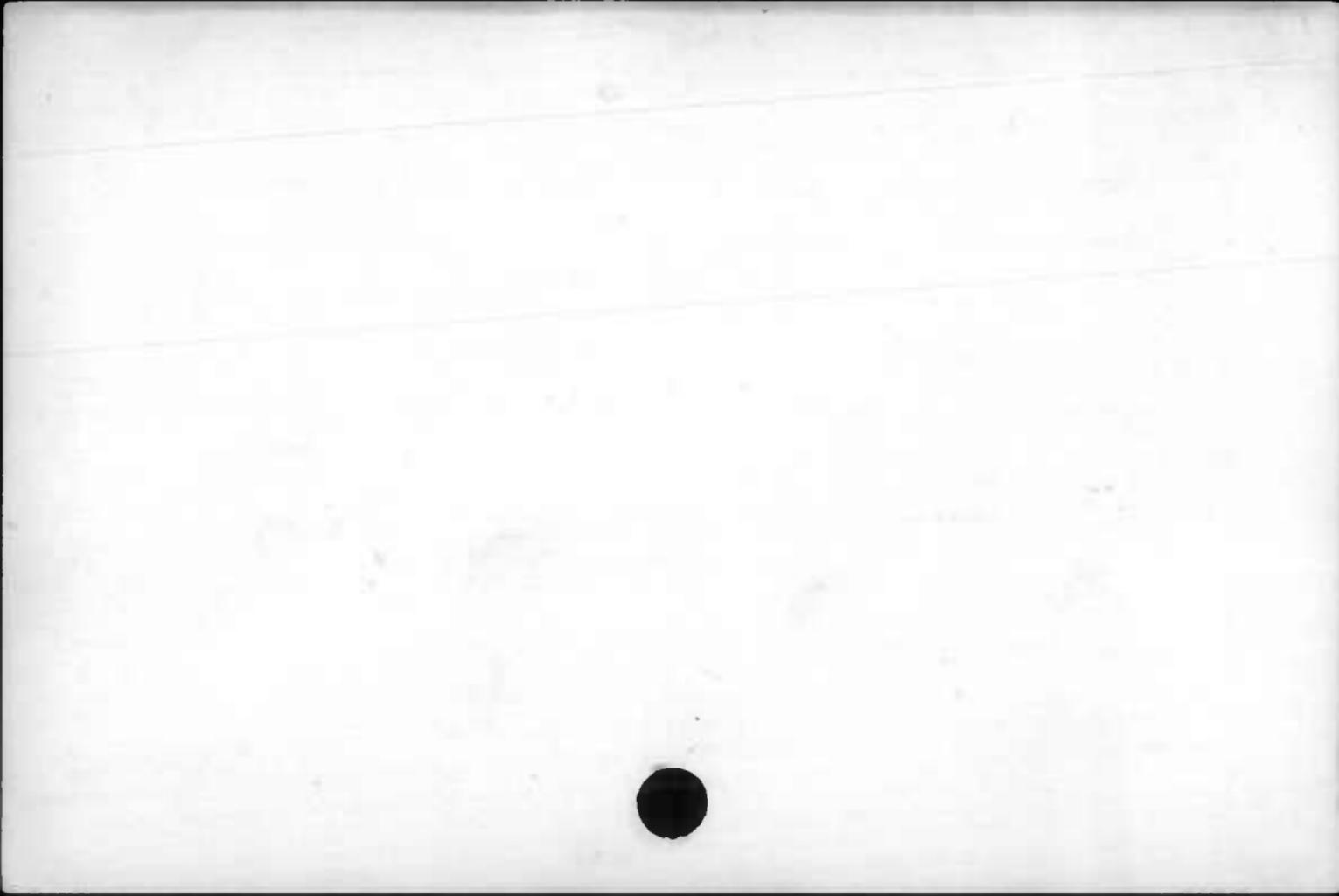
Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

Martha A Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Denton

Town

Date  
of death 1901.

Month

Day

County

Caroline

MARYLAND

Months

Days

Years

Age 62

Sex Female

Color or  
Race

white

Birth-  
place

Del

Occupation

Farmer. wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Father's  
Name

J William N Robinson

Father's  
Birthplace

Del

Mother's  
Maiden Name

Loya. a Hurst

Mother's  
Birthplace

Del

Name of person giving  
Information

Maggie E Wright

How related  
to deceased

Sister

CAUSES OF DEATH

187

How long

Primary

Aechis  
bane

Immediate

3 Jmp  
3 thrush  
Ench Sepsis  
Denton  
Md.

Are the name, age, sex, color, date  
and place correctly given above?

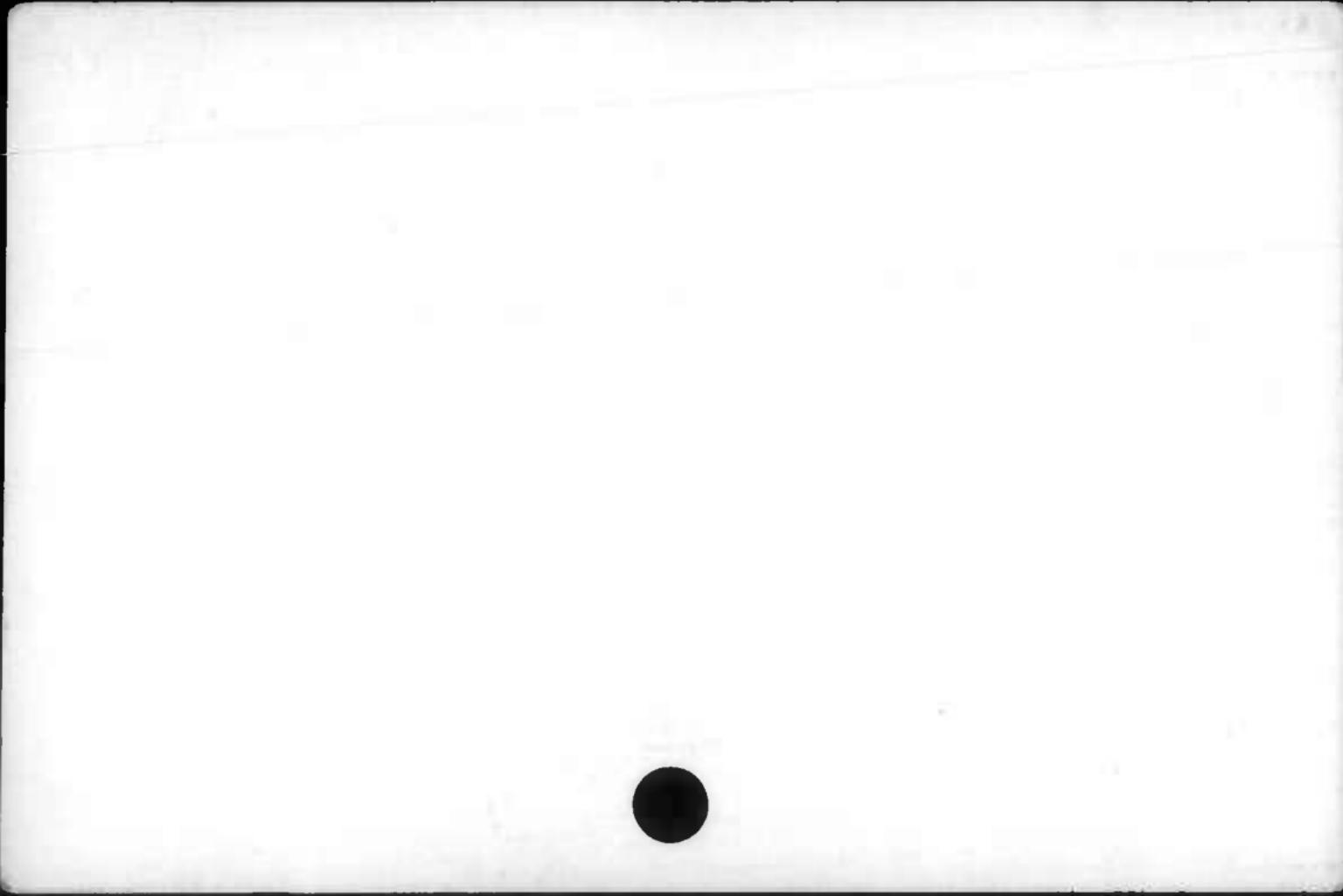
Signature of  
Physician

Address

9

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Elmer W. Deem

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Denton Town County Caroline  
Date of death 1980 Month Day Years Months Days  
Sex Male Color or Race White Birth-place Md  
Occupation Attorney at law Where Residing if not  
et place of death Same  
Married, Single or Widowed Married Name of Wife or Husband Estrada Lassen Father's Birthplace Md  
Father's Name W. H. Deem Mother's Birthplace Md  
Mother's Maiden Name Lassen Walls How related to deceased Father  
Name of person giving Information W. H. Deem

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Heart Disease

79

How long

Immediate

Immediate

Same

Are the name, age, sex, color, date  
and place correctly given above?



Yes

Signature of  
Physician

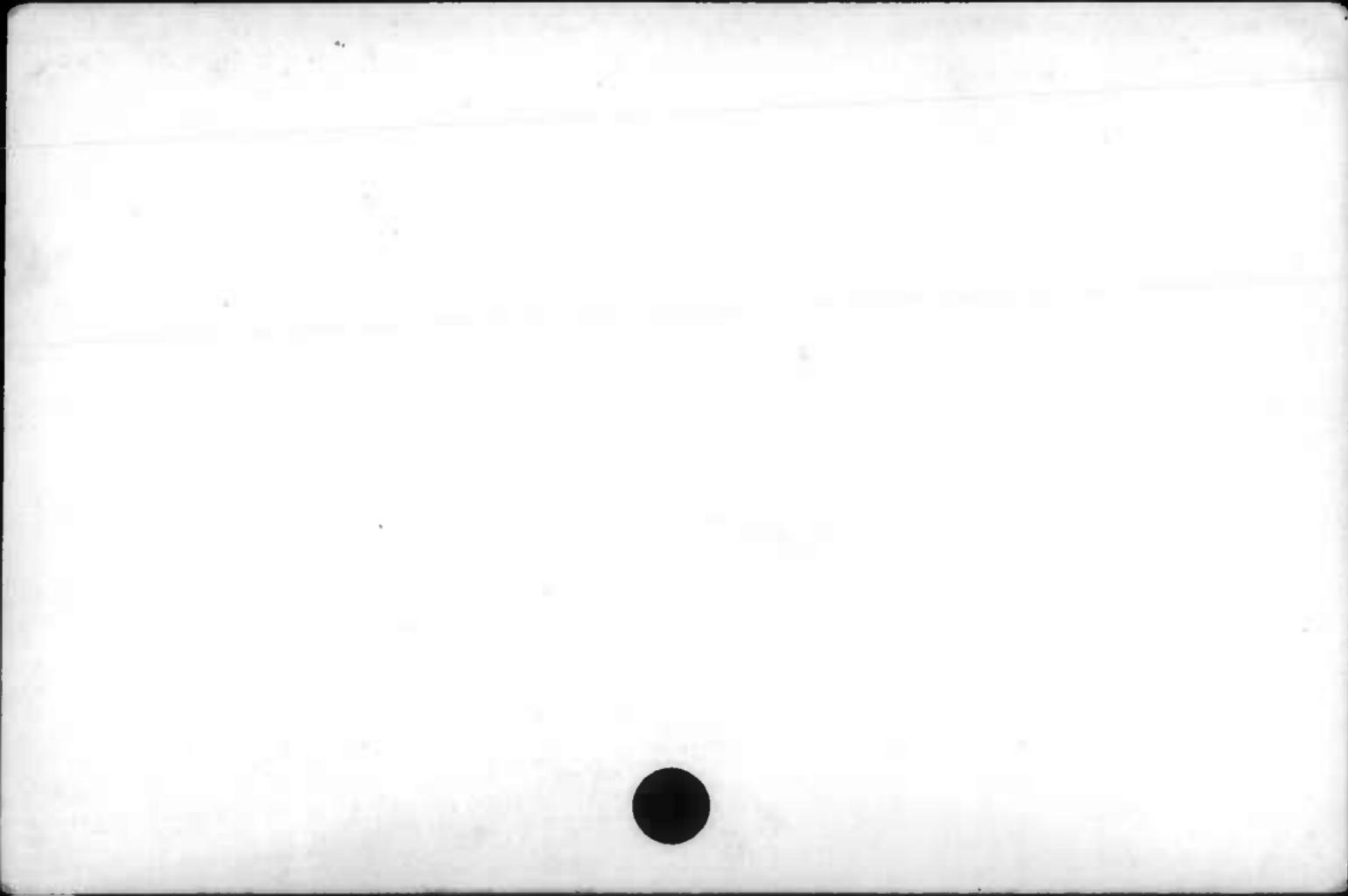
Address

P.R. Fisher

Denton  
Md

Accident or Suicide

No



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Annie M. Emerson

CERTIFICATE OF DEATH

MARYLAND

Died at Denton

County Baltimore

Date of death 1960 Month 4

Day 16

Years 78

Months 3

Days

Sex Female

Color or Race

White

Birth-place

Mo

Occupation Housewife

Where Residing if not  
at place of death Home

Married, Single  
or Widowed

Widow

Name of Wife or Husband

Robt. Emerson

Father's Name

Geo. Fisher

Father's Birthplace

Del

Mother's Maiden Name

Mary Jones

Mother's Birthplace

Mo of Hopkins

Name of person giving  
Information

P.B. Fisher

How related  
to deceased

120

How long

3 months

How long

CAUSES OF DEATH

Primary

Bright's Disease

Immediate

Disease

Are the name, age, sex, color, date  
and place correctly given above?

Yes

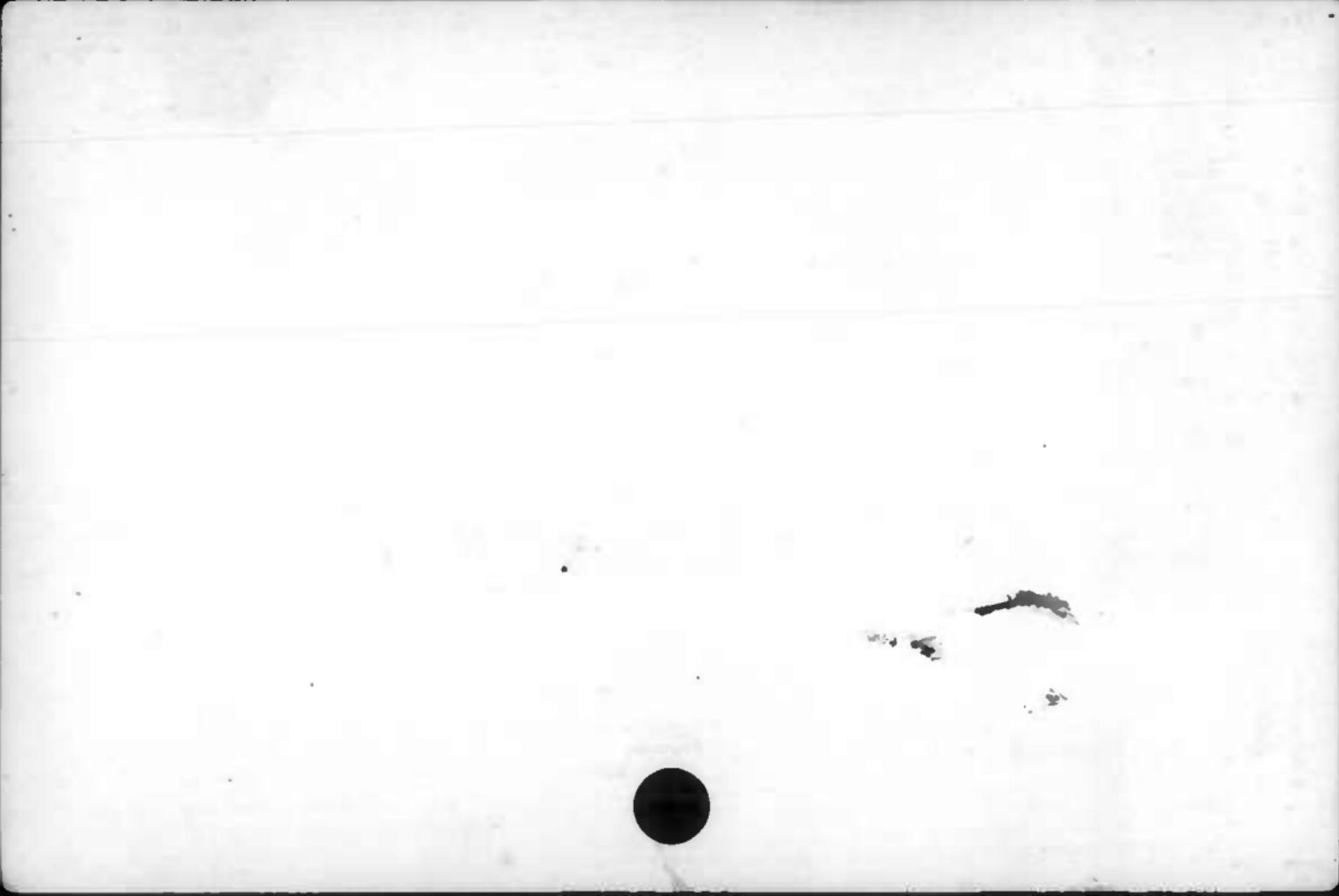
Signature of  
Physician

Address

P.B. Fisher  
Dentist  
Mo

Accident or Suicide

No



Name  
in  
Full

Margret L Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Benton Town Caroline County  
Date of death 1960 Month April Day 14 Age 75 Years Months Days  
Sex Female Color or Race Black  
Occupation Farmers wife Where Residing if not at place of death  
Married, Single or Widowed Married Name of Wife or Husband \_\_\_\_\_  
Father's Name Jacob Berg  
Mother's Maiden Name Gilede Roberson  
Name of person giving information Margret Gibson

Father's Birthplace mel  
Mother's Birthplace mel  
How related to deceased Husband

CAUSES OF DEATH

Primary Bright disease

120

How long

How long

Immediate

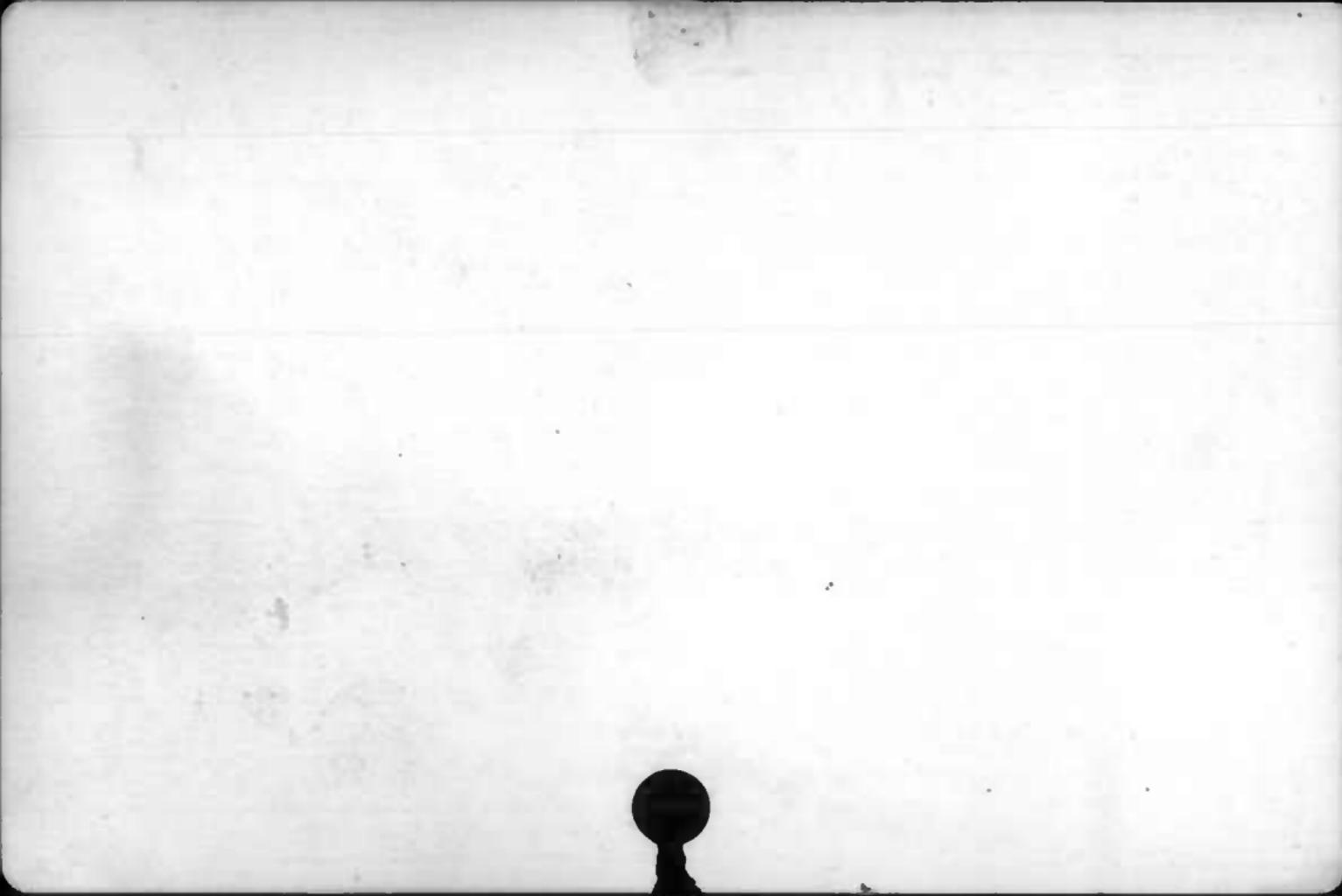
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Enoch George M.D.  
Benton Md.

Accident or Suicide



Name  
in  
Full

Henry Greene.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at Goldsboro

Town

County

MARYLAND

Date of death 190

Month

Day

Years

Month

Days

6

Age

43

-

-

Sex

Male

Color or Race

Colored

Birth-place

Maryland

Occupation

Laborer

Where Residing if not  
at place of death

Married, Single  
Widowed

Widow Husband

George Lewis. Greene

Father's Name

Mathew Greene

Father's Birthplace

Maryland

Mother's Maiden Name

Francis, Brown

Mother's Birthplace

Maryland

Name of person giving  
Information

John W. Matthews

How related  
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Chronic Pleurisy.

93

V

Immediate

Exhaustion

How long

4 mo.

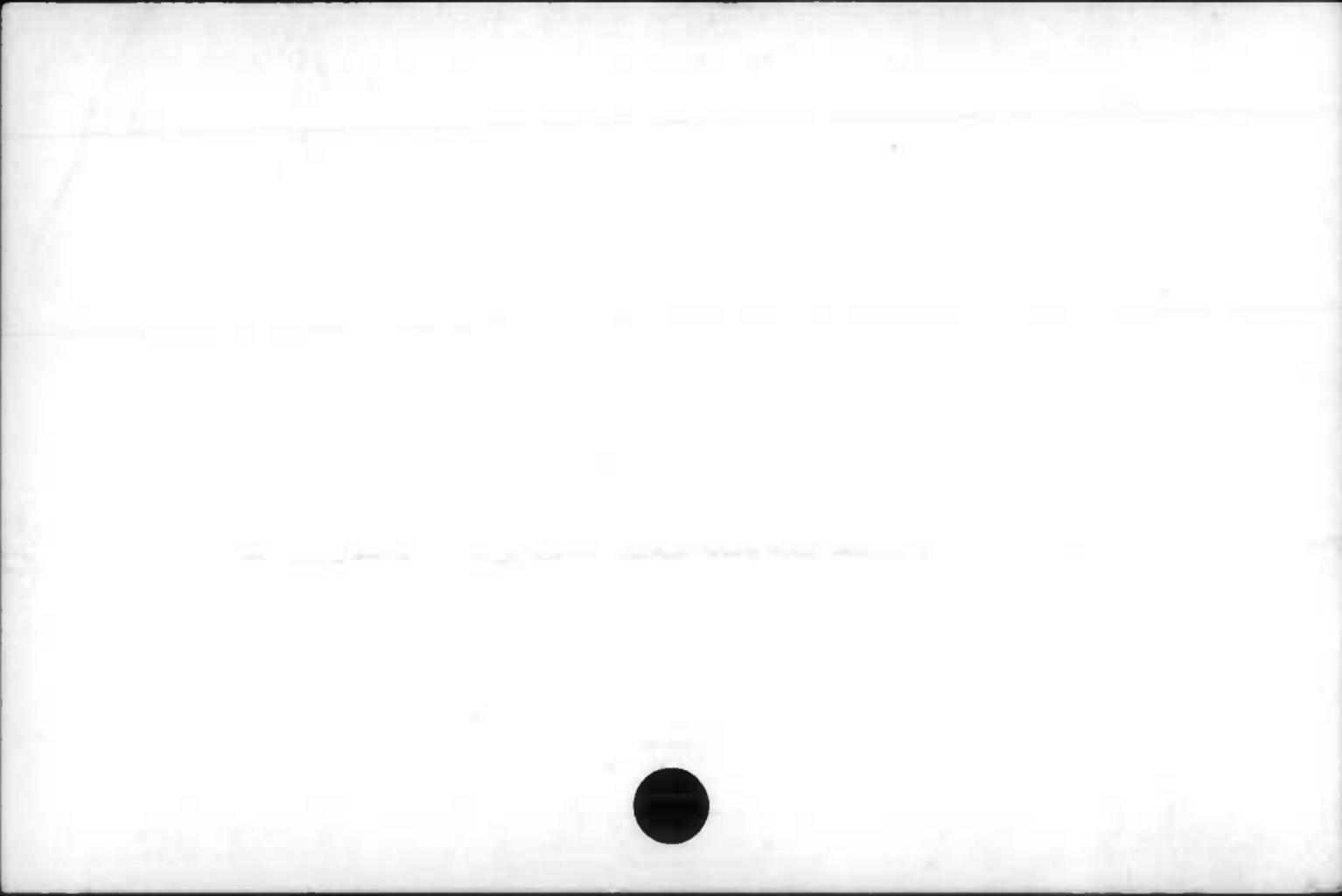
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Alice  
Goldsboro  
md

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

|   |   |                      |          |
|---|---|----------------------|----------|
| Died at   | Town                                    | County               | MARYLAND |
| Date of death 1910                              | Month April                             | Day 7                | Year 74  |
| Sex Male  | Color or Race Negro                     | Birth-place Maryland |          |
| Occupation Labourer                             | Where Residing if not at place of death |                      |          |
| Married, Single or Widowed Widowed              | Name of Wife or Husband Adline Frazee   |                      |          |
| Father's Name Jacob Hines                       | Father's Birthplace Md                  |                      |          |
| Mother's Maiden Name Hamil Coffey               | Mother's Birthplace Md                  |                      |          |
| Name of person giving Information Martha Frazee | How related to deceased Sister          |                      |          |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Interstitial Nephritis

Immediate

Coma

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

120

How long

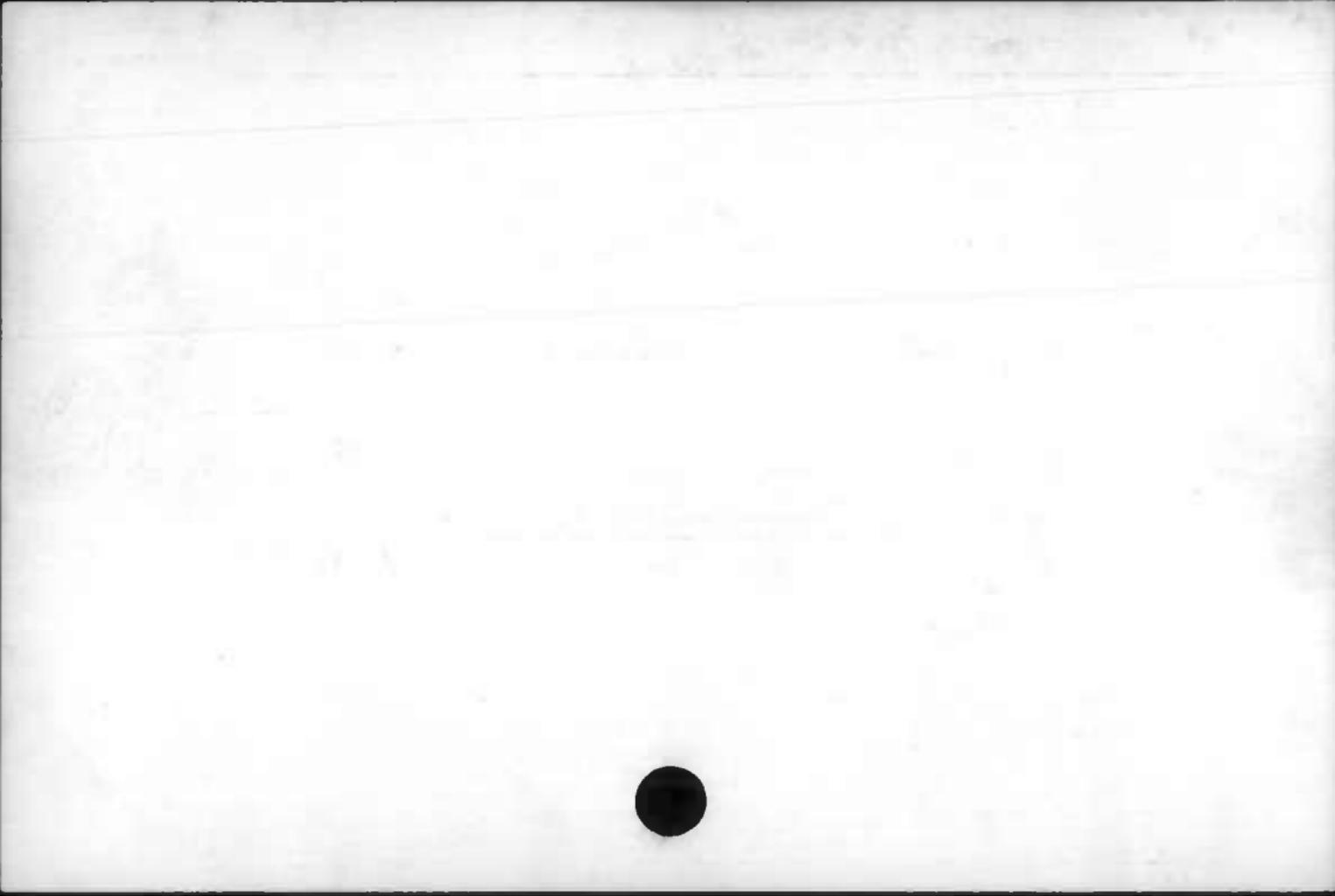
1 year

How long

2 day's

Accident or Suicide

No.



Name  
in  
Full

Thomas Henry Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |                   |
|-----------------------------------|---|-------------------------|-------------------|
| Died at                           | Town                                    | County                  | MARYLAND          |
| Date of death                     | Month                                   | Day                     | Years Months Days |
| Sex                               | Color or Race                           | Age                     | 2 76              |
| Occupation                        | Where Residing if not at place of death |                         |                   |
| Married, Single or Widowed        | Name of Wife or Husband                 | Greensboro, Md.         |                   |
| Father's Name                     | Peter Hobbs                             | Father's Birthplace     | Maryland          |
| Mother's Maiden Name              | Elizabeth Curry                         | Mother's Birthplace     | Maryland          |
| Name of person giving information | Mrs. Geo. Nichols                       | How related to deceased | Daughter          |

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

Senile debility

How long

Immediate

--

--

How long

Are the name, age, sex, color, date and place correctly given above?

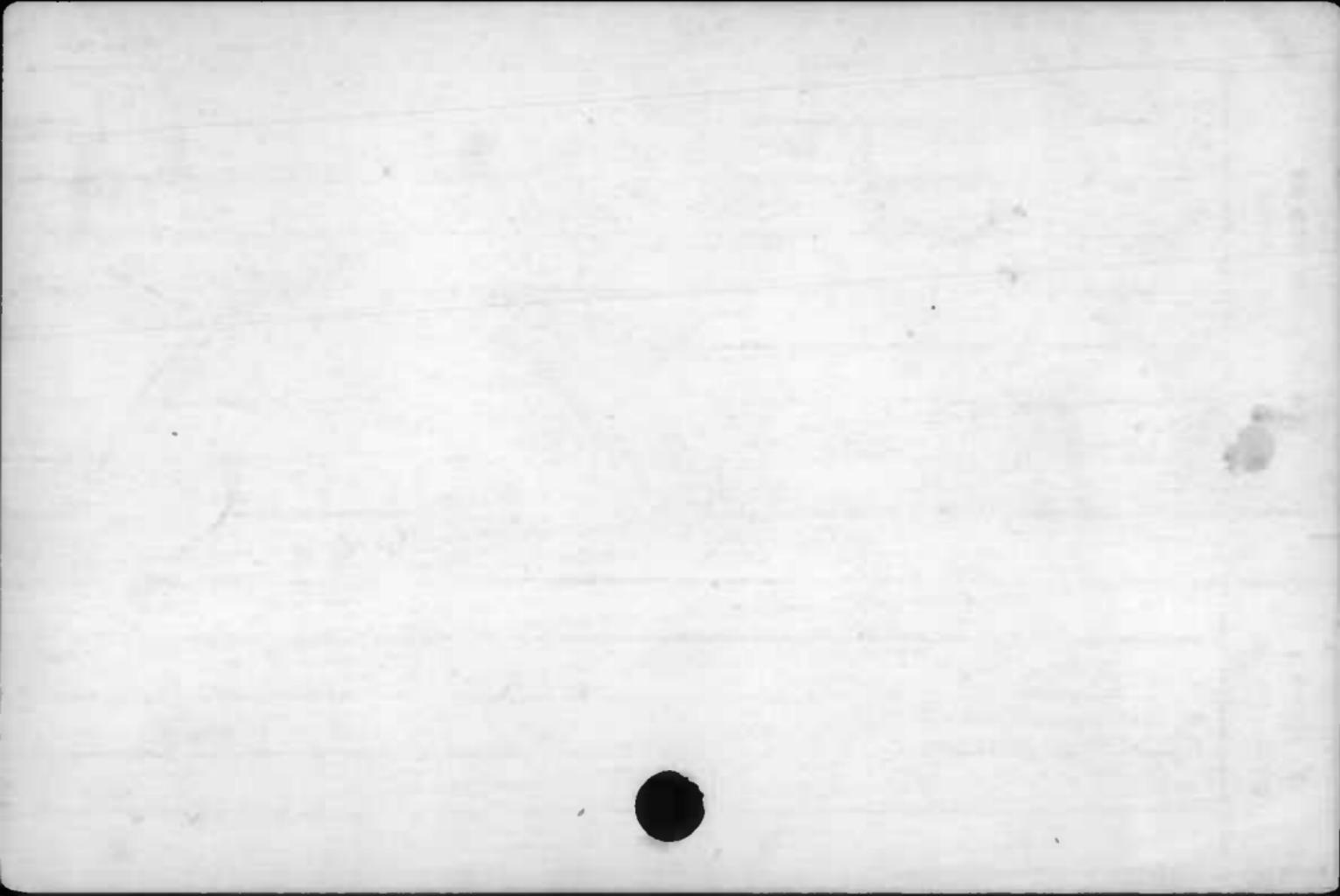
yes

Signature of Physician

Address

W.L. Peasebrough  
Greensboro, N.C.

Accident or Suicide?



Name  
in  
Full

James Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|                                   |                  |   |                 |                         |
|-----------------------------------|------------------|---|-----------------|-------------------------|
| Died at                           | Town             | County                                  | MARYLAND        |                         |
| Died at                           | Greensboro       | Caroline                                |                 |                         |
| Date of death                     | Month            | Day                                     | Years           | Months Days             |
| of death 1980                     | Apr              | 18                                      | Age 80          | 7 19                    |
| Sex                               | Male             | Color or Race                           | White           | Birth-place             |
| Occupation                        | Farmer           | Where Residing if not at place of death | Greensboro      |                         |
| Married, Single or Widowed        | Widowed          | Name of Wife or Husband                 | Mary Harrington | Father's Birthplace     |
| Father's Name                     | Samuel Hughes    |   |                 | Delaware                |
| Mother's Maiden Name              | Elizabeth Reed   |   |                 | Mother's Birthplace     |
| Name of person giving information | Elizabeth Hughes |   |                 | How related to deceased |

CAUSES OF DEATH

154

Primary

Dementia

How long

Immediate

--

How long

Are the name, age, sex, color, date and place correctly given above?

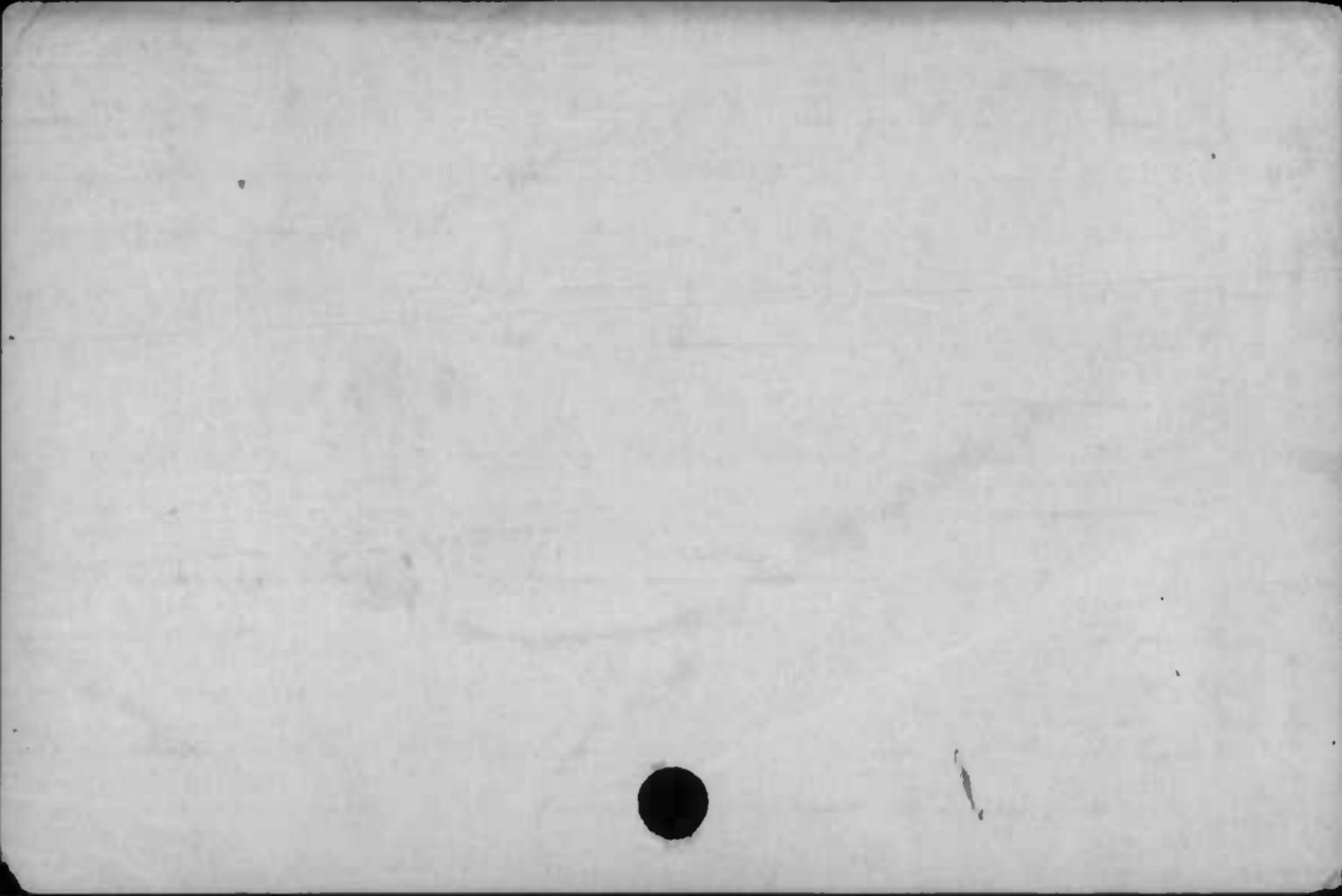
Yes

Signature of Physician

Address

Wolf, Foe, Brown  
Greensboro, Md.

Accident or Suicide?



Name  
in  
Full

Ella Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |              |   |                 |                   |
|-----------------------------------|--------------|---|-----------------|-------------------|
| Died at                           | near Preston | Town                                    | County          | MARYLAND          |
| Date of death                     | 1960         | Month                                   | Day             | Years Months Days |
| Sex                               | Female       | Color or Race                           | Age             | 19                |
| Occupation                        | Houswife     | Where Residing if not at place of death | Bethelton Md.   |                   |
| Married, Single or Widowed        | Married      | Name of Wife or Husband                 | Luther Friend   |                   |
| Father's Name                     | Alex Jackson | Father's Birthplace                     | Bethelton Md.   |                   |
| Mother's Maiden Name              | Martie Webb  | Mother's Birthplace                     | Near Preston Md |                   |
| Name of person giving Information | Alex Jackson | How related to deceased                 | Mother          |                   |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

I

Accident or Suicide

27

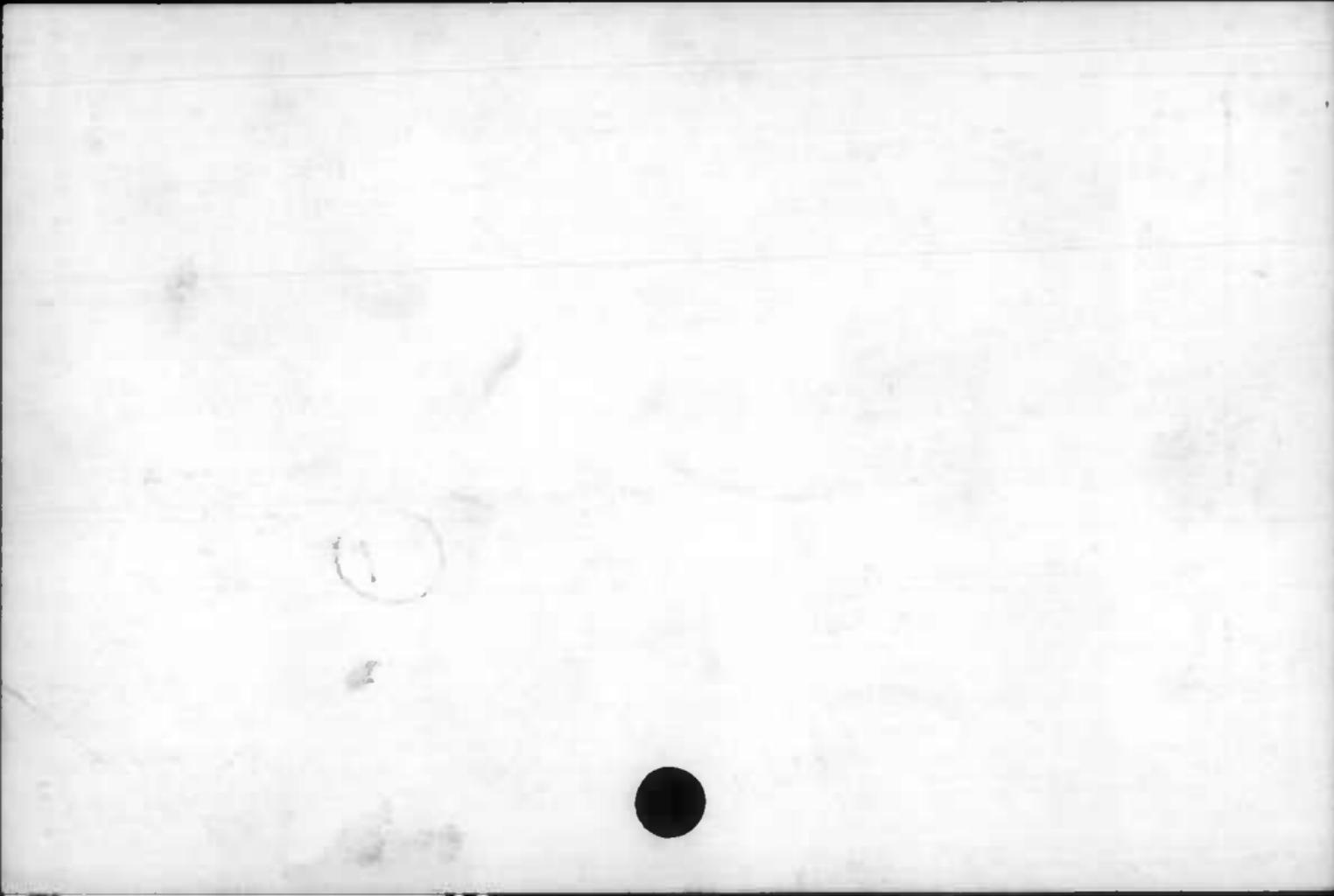
28

Six months

How long

1 week

J. L. Noble  
Preston  
Md.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Loretta Jackson -

CERTIFICATE OF DEATH

|  |                         |   |        |      |
|--|-------------------------|---|--------|------|
| Town   | County                  |   |        |      |
| Died at or<br>place of death                     | Caroline                |   |        |      |
| Date of death                                    | Month Day               | Years                                   | Months | Days |
| 1900   | April 6                 | Age 15                                  | —      | —    |
| Sex Female                                       | Color or Race           | Where Residing if not at place of death |        |      |
| Occupation Cook                                  | —                       | —                                       |        |      |
| Married, Single or Widowed Single                | Name of Wife or Husband | Father's Birthplace                     |        |      |
| Father's Name Wm Ag. Jackson                     | —                       | Caroline Co.                            |        |      |
| Mother's Maiden Name Mary Ellen Horne            | —                       | Mother's Birthplace                     |        |      |
| Name of person giving Information Wm Ag. Jackson | How related to deceased | How long                                |        |      |
| CAUSES OF DEATH                                  |                         |   |        |      |
| Primary Phthisis Pulm.                           | 28                      | 1 week                                  |        |      |
| Immediate Pepsis from Chex Bird                  | —                       | —                                       |        |      |

Primary

Immediate

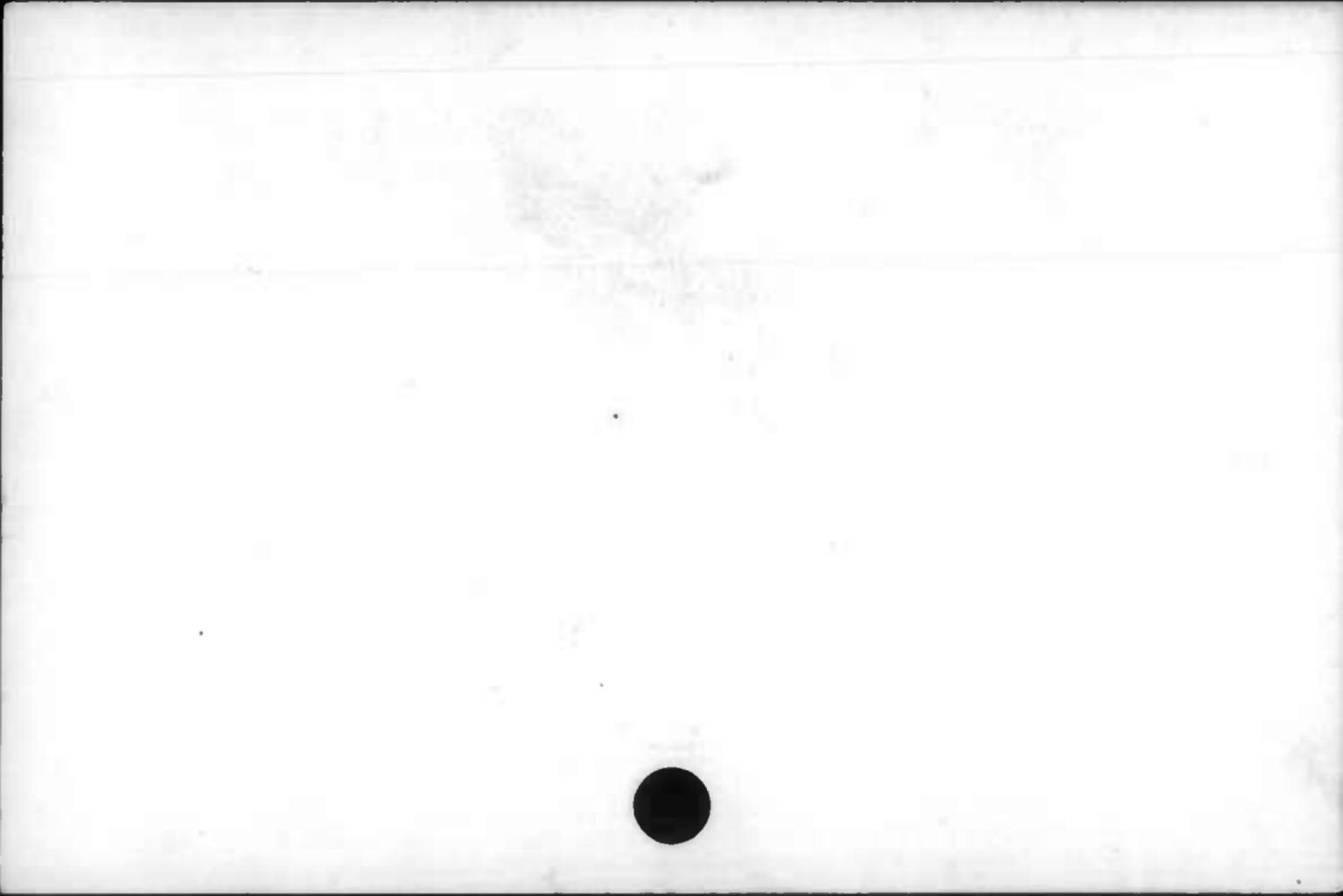
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

Signature of Physician

Address

J. R. M. Jackson  
Baltimore,  
Md.



Name  
in  
Full

Nosy McGee

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

Preston

Rossville

MARYLAND

Date  
of death 1960

Month

Day

Years

Months

Days

April 23

Age about 57

Sex Female

Color or  
Race

Colored

Birth-  
place

Colled

Occupation

Housewife

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Sel McGee

Father's  
Name

Unknown

Father's  
Birthplace

Unknown

Mother's  
Maiden Name

Unknown

Mother's  
Birthplace

Unknown

Name of person giving  
Information

Sue Webb

How related  
to deceased

Sister in law

CAUSES OF DEATH

Primary

Strangulated Hernia

100

✓

How long

Probably 5 days

Immediate

Auto Intoxication

How long

2 hours

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

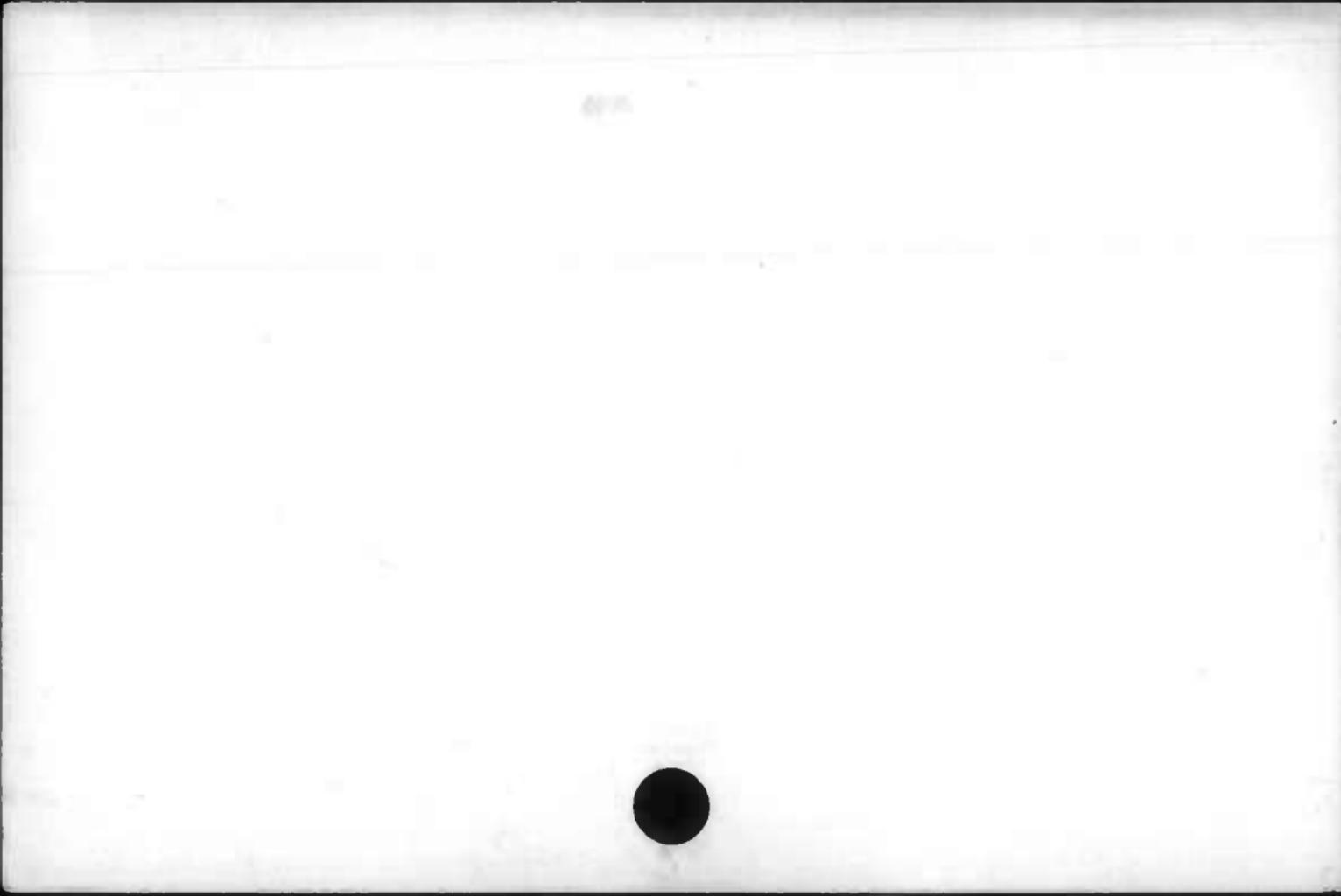
Address

Raymond Daunes

Preston

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Robert M. Muller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|  |                  |                         |                 |                     |          |
|--|------------------|-------------------------|-----------------|---------------------|----------|
| Died at <u>Near Ingleside</u>  |                  | Town                    | County          | MARYLAND            |          |
| Date of death  | Month            | Day                     | Years           | Months              | Days     |
| 19 <sup>00</sup>   | 4                | 27                      | 99              | 8                   |          |
| Sex  | Male             | Color or Race           | White           | Birth-place         | Delaware |
| Occupation   | Farmer           |                         |                 |                     |          |
| Married, Single or Widowed   | Married          | Name of Wife or Husband | Annie M. Muller | Father's Birthplace | Delaware |
| Father's Name  | Samuel M. Muller |                         |                 |                     |          |
| Mother's Maiden Name   | Mary Hugg        |                         |                 |                     |          |
| Name of person giving information                                    | Annie M. Muller  |                         |                 |                     |          |
| CAUSES OF DEATH  |                  |                         |                 |                     |          |
| Primary  | Heart-failure    |                         |                 |                     |          |
| Immediate  | How long         |                         |                 |                     |          |
| Are the name, age, sex, color, date and place correctly given above? |                  |                         |                 |                     |          |
| Signature of Physician   |                  |                         |                 |                     |          |
| Address  |                  |                         |                 |                     |          |

189

2

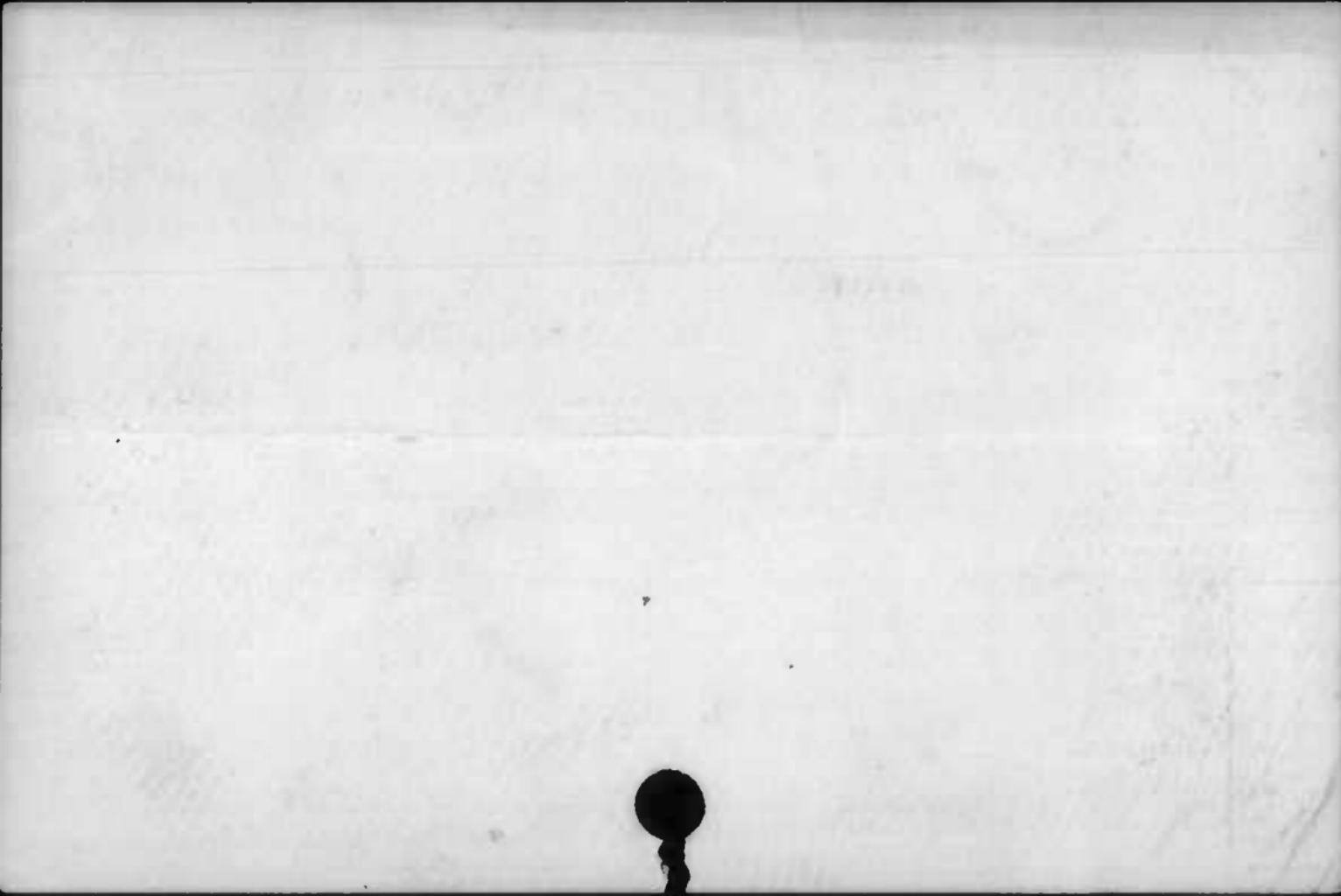
How long

Yes

J. P. Smith, M. D.

Templeville Md.

Accident or Suicide?



Name  
in  
Full

Mary J. Mashens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Greensboro

County

Caroline

MARYLAND

Month

Month

Day

Date

of death

1910

April 30

Years

Age

45

Months

—

Days

—

Sex

Female

Color or  
Race

Caucasian

Birth-  
place

Md.

Occupation

Homemaker

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Orlando Mashens

Father's  
Birthplace

Md.

Father's  
Name

Born Srockman

Mother's  
Birthplace

Md.

Mother's  
Maiden Name

Nancy Draves

How related  
to deceased

Husband

Name of person giving  
Information

Orlando Mashens

CAUSES OF DEATH

42

How long



Primary

Cancer of lung -



Immediate

Depression -



Are the name, age, sex, color, date  
and place correctly given above?

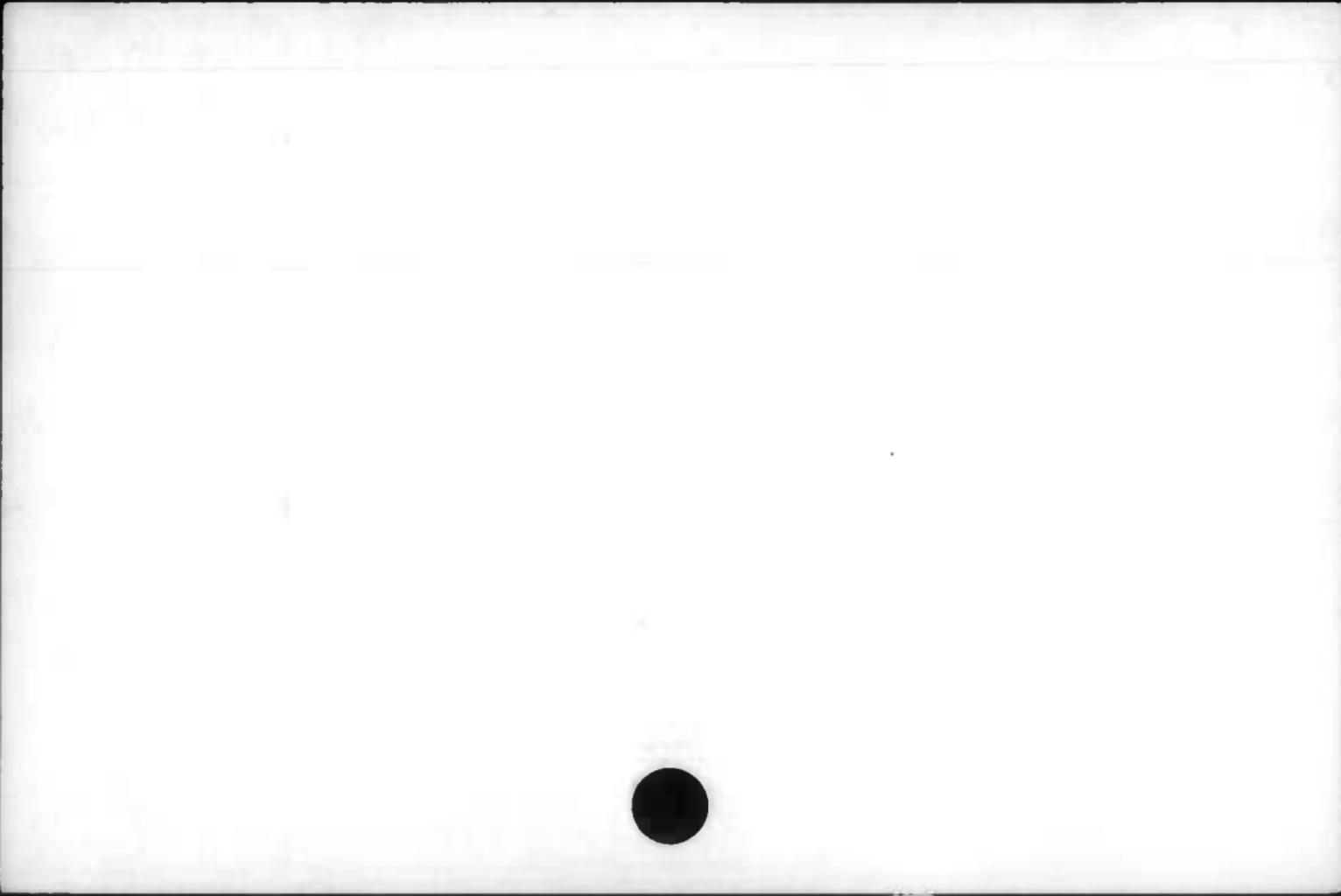
Signature of  
Physician

Address

Orlando Mashens  
Greensboro  
Md.

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mabel Newcome

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Preston County Caroline MARYLAND  
Date of death 1900 Month Apr Day 21 Year 18 Months 1 Days —  
Sex Hypocrite Color or Race Black Birth-place Caroline Co Md  
Occupation Housework Where Residing if not at place of death —  
Married, Single or Widowed Single Name of Wife or Husband —  
Father's Name Sam'l. J. Newcome Father's Birthplace Caroline Co Md  
Mother's Maiden Name Maggie Hubbard Mother's Birthplace Caroline Co Md  
Name of person giving Information Joseph Hubbard How related to deceased Second Cousin

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

28

✓

Immediate

Hemorrhage

How long

6 Years  
72 hours

Are the name, age, sex, color, date and place correctly given above?

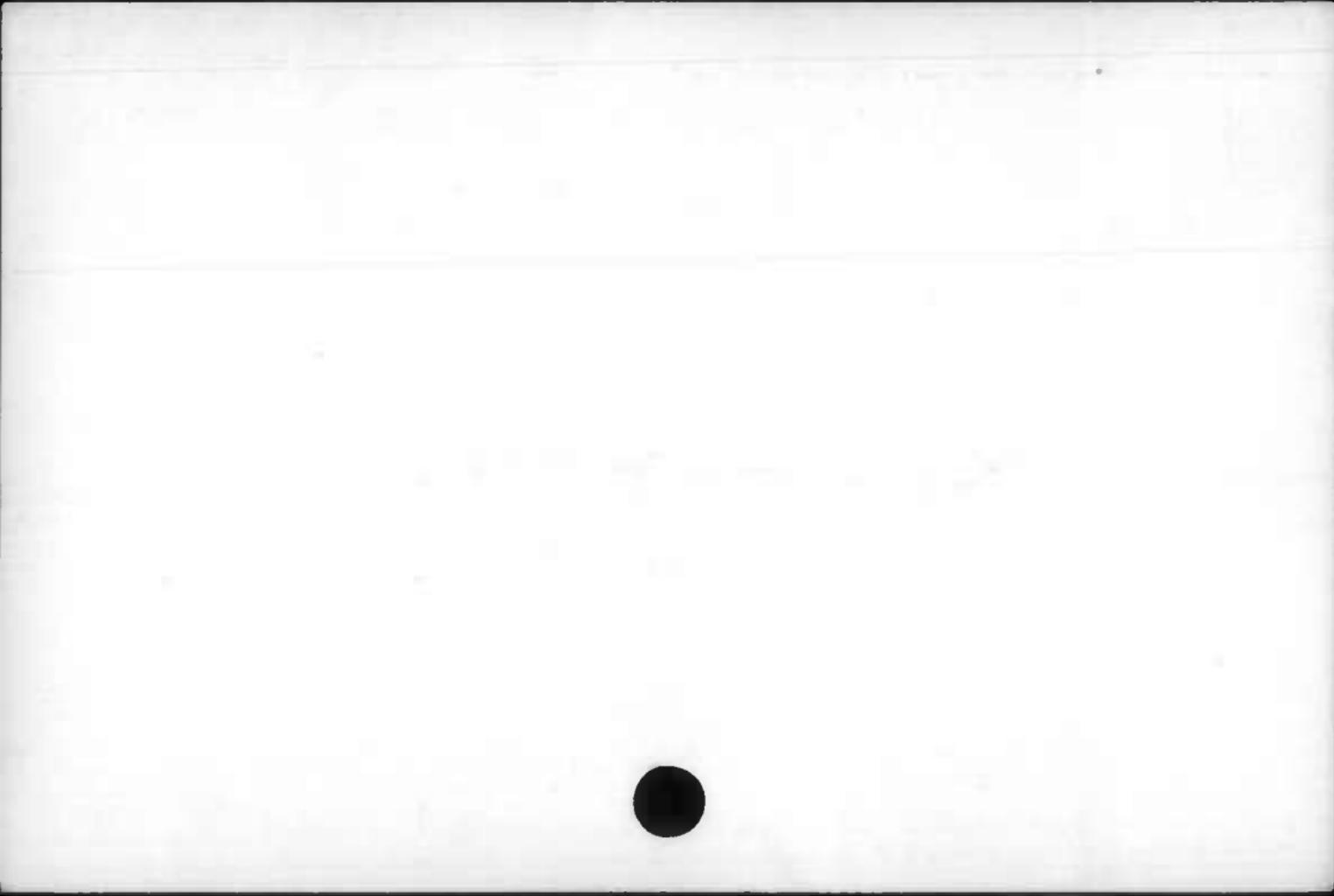
Signature of Physician

Yrs

Address

J. L. Hoble  
Preston  
Md

Accident or Suicide



Name  
in  
Full

Sallie Partez

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|   |  |                 |          |          |         |
|---|--|-----------------|----------|----------|---------|
| Town                                    | County   | MARYLAND        |          |          |         |
| Greensboro                              | Cecoville  |                 |          |          |         |
| Died at                                 |  |                 |          |          |         |
| Date of death 1960                      | Month Apr  | Day 25          | Years 58 | Months 2 | Days 25 |
| Sex Female                              | Color or Race white                                | Birth-place Del |          |          |         |
| Occupation Housewife                    | Where Residing if not at place of death Greensboro |                 |          |          |         |
| Married, Single or Widowed              | Name of Wife or Husband Joshua Foster              |                 |          |          |         |
| Father's Name George Bugmaster          | Father's Birthplace Del                            |                 |          |          |         |
| Mother's Maiden Name Elizabeth McDowell | Mother's Birthplace Del                            |                 |          |          |         |
| Names of person giving Information      | How related to deceased                            |                 |          |          |         |

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Cancer

45

How long

One year

Immediate

"

How long

Are the name, age, sex, color, date and place correctly given above?

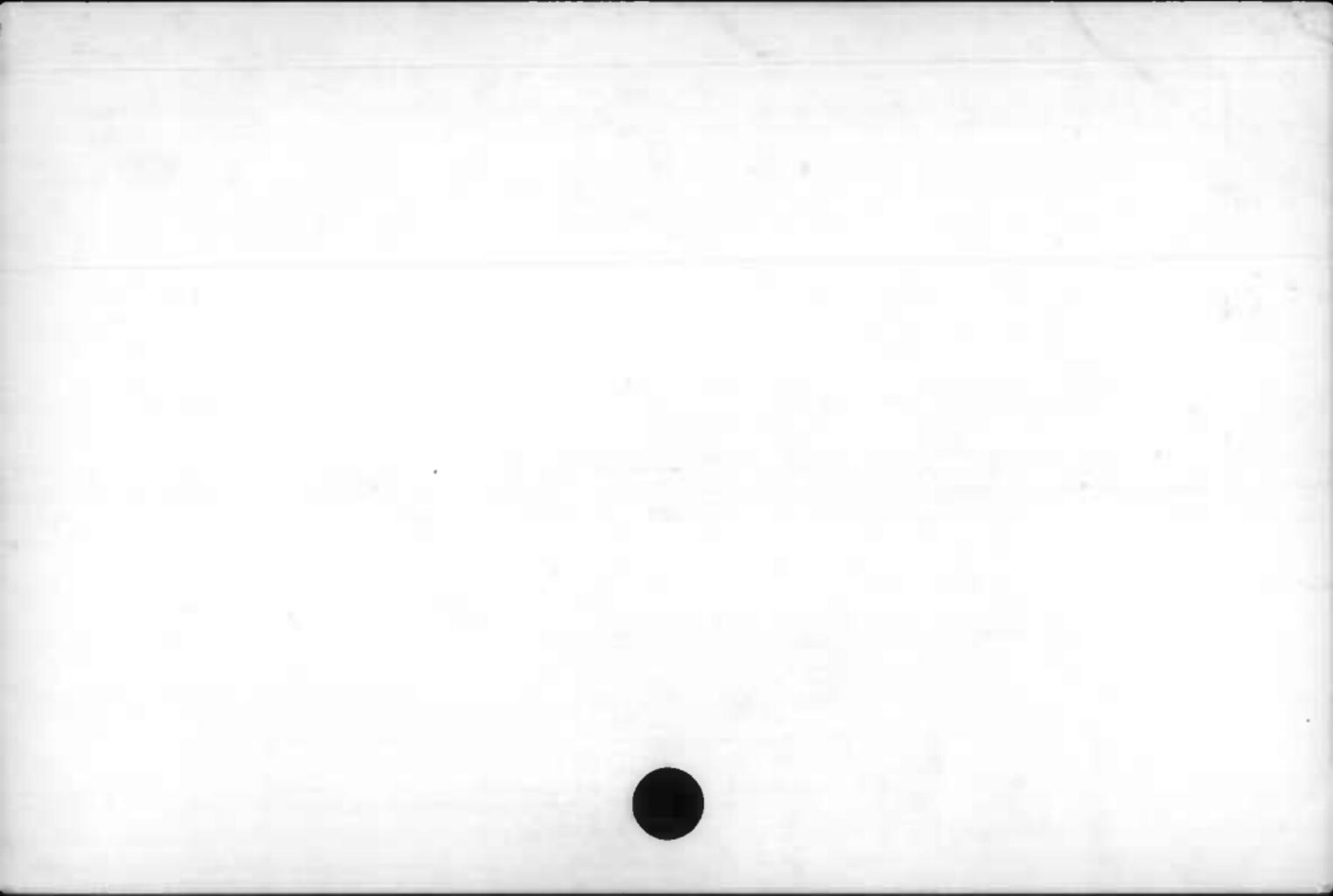
yes

Signatures of Physician

Address

W.W. Woodburn  
Greensboro, N.C.

Accident or Suicide



Name  
in  
Full

Annabel Pounds

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |                   |
|-----------------------------------|---|-------------------------|-------------------|
| Died at                           | Town                                    | County                  | MARYLAND          |
| Date of death                     | Month                                   | Day                     | Years Months Days |
| Sex                               | Color or Race                           | Age                     | 11                |
| Occupation                        | Where Residing if not at place of death |                         |                   |
| Married, Single or Widowed        | Name of Wife or Husband                 |                         |                   |
| Father's Name                     | Booker W <sup>m</sup> Pounds            | Father's Birthplace     | Va.               |
| Mother's Maiden Name              | Bettie Watkins                          | Mother's Birthplace     | Va.               |
| Name of person giving Information | Booker W <sup>m</sup> Pounds            | How related to deceased | Father -          |

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Intestinal obstruction

Five days

Immediate

Faint

How long

Died at in faint

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes

R. Stackett, M.D.  
Queen Anne Md.

Accident or Suicide

no

Hulshoorn

Name  
in  
Full

Martha Catharine Prattis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|  |  |                            |                            |                         |                                 |
|--|--|----------------------------|----------------------------|-------------------------|---------------------------------|
| Died at <u>Near Federalsburg</u> ,<br>Town |  | County <u>Caroline</u> ,   |                            | MARYLAND                |                                 |
| Date<br>of death <u>1900</u>               | Month <u>Apr.</u>                          | Day <u>22</u>              | Age <u>1</u>               | Years                   | Months <u>11</u> Days <u>15</u> |
| Sex <u>Female</u>                          | Color or<br>Race                           | <u>Black</u>               |                            | Birth-<br>place         | <u>New York City.</u>           |
| Occupation                                 | Where Residing if not<br>at place of death |                            |                            |                         |                                 |
| Married, Single<br>or Widowed              | <u>Single</u>                              | Name of Wife or<br>Husband |                            |                         |                                 |
| Father's<br>Name                           | <u>Tilahman D. Prattis,</u>                |                            | Father's<br>Birthplace     | <u>Caroline Co. Md.</u> |                                 |
| Mother's<br>Maiden Name                    | <u>Hillie V. Jenkins, (decd)</u>           |                            | Mother's<br>Birthplace     | <u>Phila. Pa.</u>       |                                 |
| Name of person giving<br>Information       | <u>Suzia Prattis,</u>                      |                            | How related<br>to deceased | <u>Aunt.</u>            |                                 |

CAUSES OF DEATH

30

✓

Primary

Tuberculous meningitis

How long

9 months

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

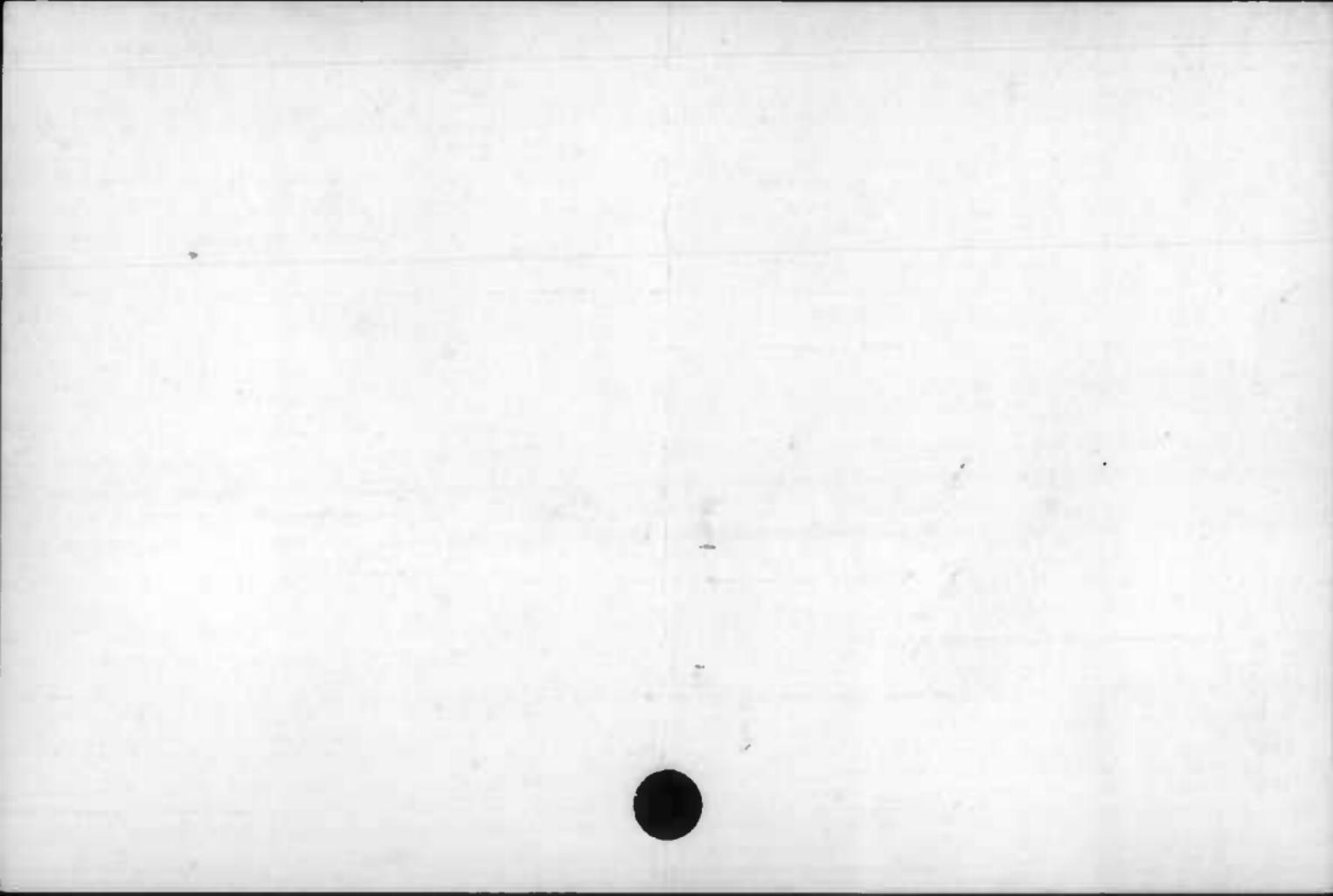
Signature of  
Physician

Address

R. H. Jefferson

Accident or Suicide?

Federalsburg Md.



Name  
in  
Full

Annie M. Ringgold

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |                         |          |         |        |
|--|---|-------------------------|----------|---------|--------|
| Died at  | Town                                    | County                  | MARYLAND |         |        |
| Date of death 1960                               | Month Apr.                              | Day 18                  | Years 70 | Month - | Days - |
| Sex Female                                       | Color or Race White                     | Birth-place Md.         |          |         |        |
| Occupation Housewife                             | Where Residing if not at place of death |                         |          |         |        |
| Married, Single or Widowed Minst                 | Name of Husband E. P. Ringgold          | Father's Birthplace Md. |          |         |        |
| Father's Name Byard Capell                       | Mother's Birthplace Md.                 |                         |          |         |        |
| Mother's Maiden Name Elizabeth White             | How related to deceased Husband         |                         |          |         |        |
| Name of person giving information E. P. Ringgold | (64)                                    |                         |          |         |        |

CAUSES OF DEATH

|   |                     |                        |                |            |
|---|---------------------|------------------------|----------------|------------|
| Primary   | Anterior-sclerosis  |                        | How long       | Don't know |
| Immediate   | Cerebral hemorrhage |                        | How long       | 1 week.    |
| Are the name, age, sex, color, date and place correctly given above ? | Yes                 | Signature of Physician | D. W. B. Rowen |            |
|   |                     | Address                | Hillsboro Md   |            |
| Accident or Suicide   | M                   |                        |                |            |

This was  
misplaced

---

Name  
in  
Full

Maggie Bell Ruffner.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |        |                         |                    |  |
|-----------------------------------|---|-------------------------|--------|-------------------------|--------------------|--|
| Died at                           | Town                                    | Caroline                | County | MARYLAND                |                    |  |
| Date of death                     | Month                                   | Day                     | Years  | Months                  | Days               |  |
| 1900                              | Apr.                                    | 22 <sup>nd</sup>        | Age    | 1                       | 18                 |  |
| Sex                               | Female                                  | Color or Race           | White  | Birth-place             | Near Federalsburg, |  |
| Occupation                        | Where Residing if not at place of death |                         |        |                         |                    |  |
| Married, Single or Widowed        | Baby                                    | Name of Wife or Husband |        |                         |                    |  |
| Father's Name                     | Sherman J. Ruffner.                     |                         |        | Father's Birthplace     | Indiana Co. Pa.    |  |
| Mother's Maiden Name              | Maggie B. Elkin.                        |                         |        | Mother's Birthplace     | Jefferson Co. Pa.  |  |
| Name of person giving Information | Sherman J. Ruffner.                     |                         |        | How related to deceased | Father.            |  |

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Acute Indigestion

104

How long

Immediate

1 day

How long

Are the name, age, sex, color, date and place correctly given above?

yes

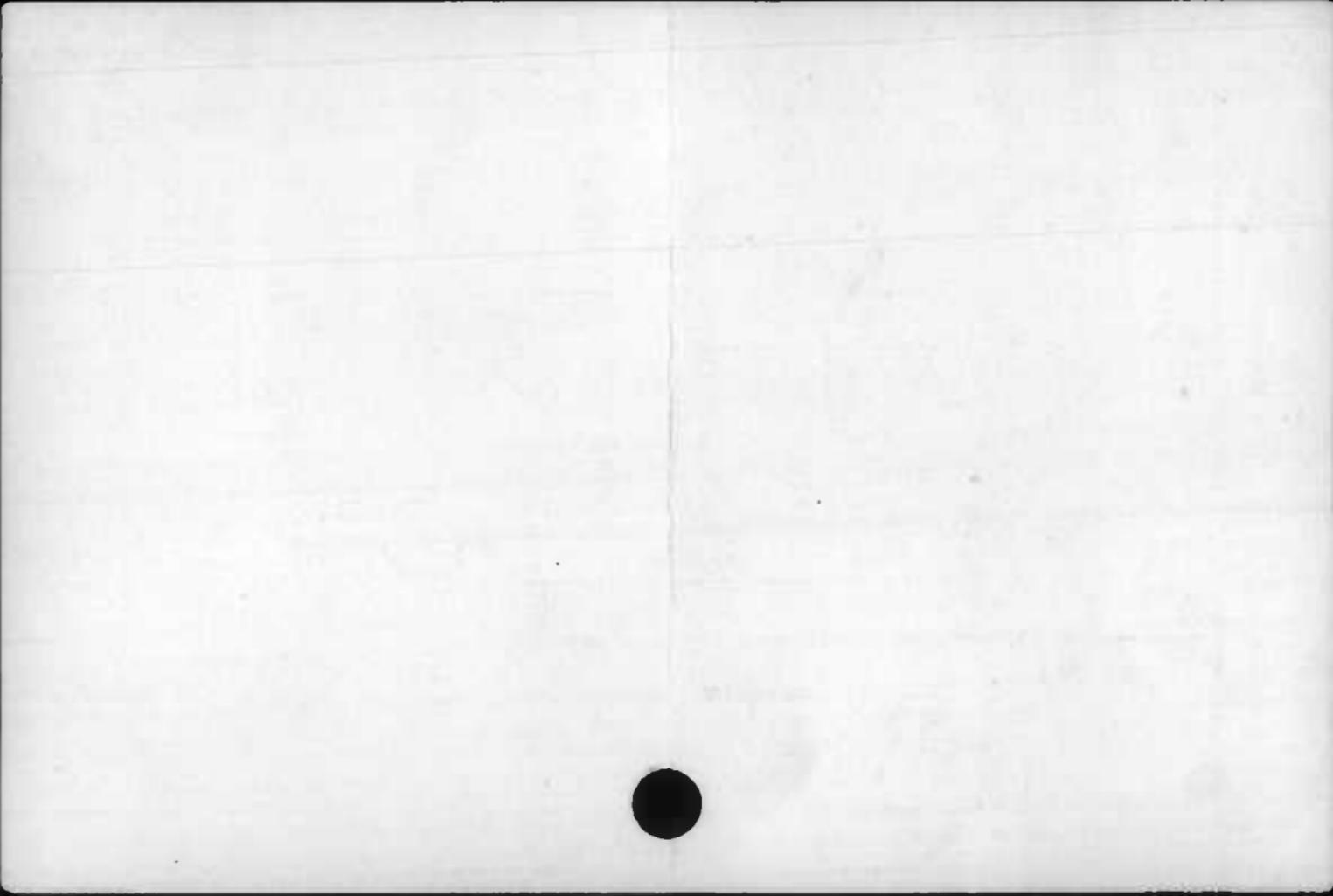
Signature of Physician

Address

J. H. Jefferson

Accident or Suicide?

Federalsburg Md



Name  
in  
Full

Grace Satterfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |                     |          |
|--|---|---------------------|----------|
| Died at  | Town                                    | County              | MARYLAND |
| Date of death 190                                  | Month April                             | Day 15              | Years    |
| Age  | Months 6 Days                           |                     |          |
| Sex Female   | Color or Race white                     | Birth-place md      |          |
| Occupation nurse                                   | Where Residing if not at place of death |                     |          |
| Married, Single or Widowed single                  | Name of Wife or Husband                 | Father's Birthplace | nd       |
| Father's Name Will Satterfield                     | Mother's Birthplace                     | nd                  | nd       |
| Mother's Maiden Name Grace White                   | How related to deceased                 | How long            | Father   |
| Name of person giving Information Will Satterfield | 150                                     | 6 days              |          |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Congenital Heart trouble

Immediate

Are the name, age, sex, color, date and place correctly given above?

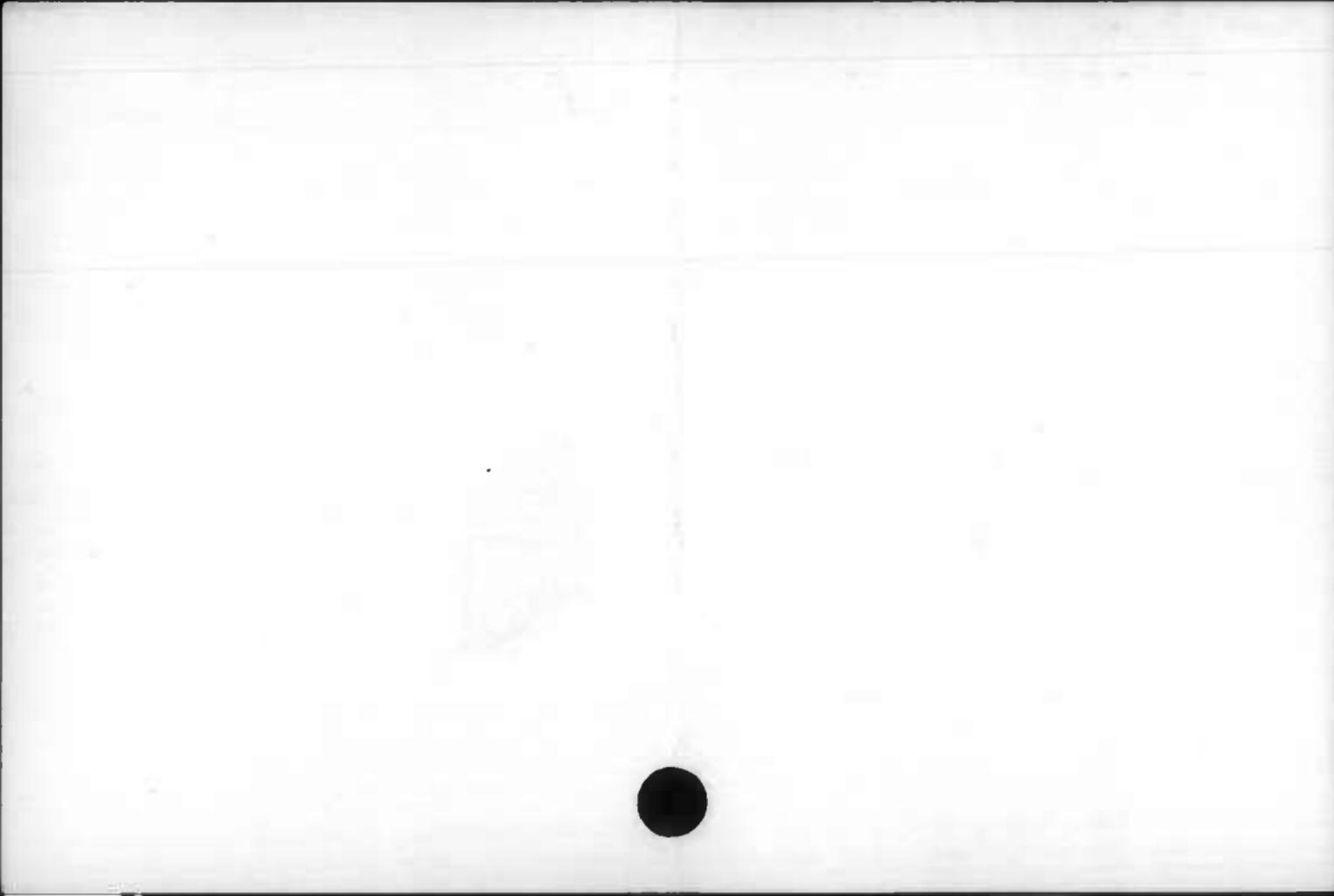
yes

Signature of Physician

Address

R Kemp Jefferson  
Federalburg md

Accident or Suicide



Name  
in  
Full

Elijah Anne Saulsbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Ridgeley Town Caroline County  
Date of death 1940 Month April Day 1st. Age 82 Years  
Sex Female Color or Race white  
Occupation Housewife Birthplace Md.  
Married, Single or Widowed Married Name of Wife or Husband Edward Saulsbury  
Father's Name Geo. Carmine Father's Birthplace Md.  
Mother's Maiden Name Sarah Wilson Mother's Birthplace Md.  
Name of person giving Information G. L. Cooper How related to deceased Grandson

PHYSICIAN  
OR CORONER

Primary

Endocarditis  
Exhaustion

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Accident or Suicide

CAUSES OF DEATH

Signature of Physician

Address

J. C. Madara  
Ridgeley 2nd.

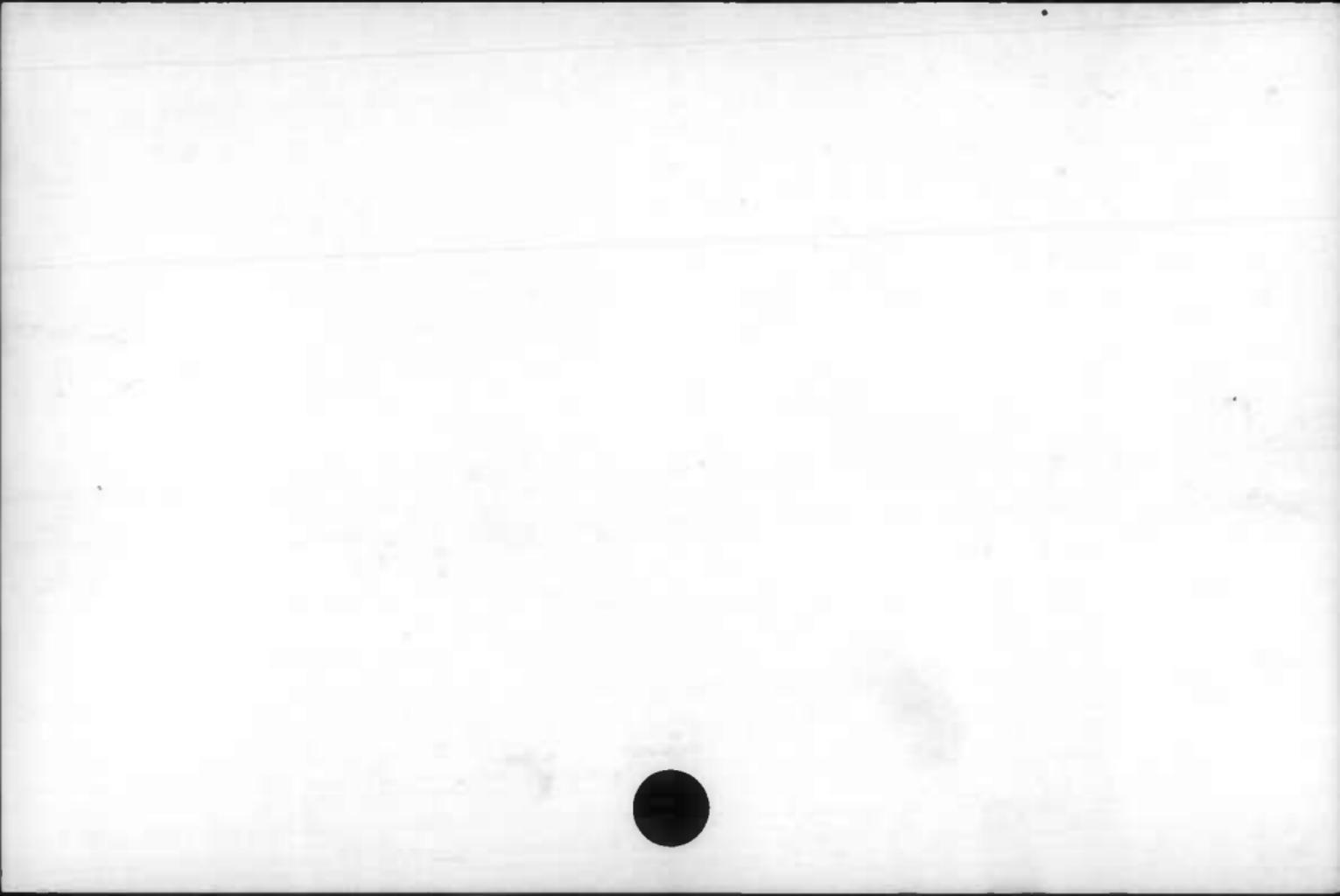
78

How long

2 months

3 days

How long



Name  
in  
Full

Mary E; Thawley

CERTIFICATE OF DEATH

OX  
TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|  |                                  |             |            |
|--|----------------------------------|-------------|------------|
| Town<br>Died at Burrsville                                     | County<br>Caroline               | MARYLAND    |            |
| Date of death 1910 Oct 9                                       | Month Day<br>Age 4 9/4           | Months 4    | Days 5     |
| Sex Female   | Color or Race White              | Birth-place | Burrsville |
| Married, Single<br><input checked="" type="checkbox"/> Widowed | Occupation Housewife.            |             |            |
| Name of Wife or Husband J. Wesley Thawley                      |                                  |             |            |
| Father's Name Francis A. Porter                                | Father's Birthplace Maryland     |             |            |
| Mother's Maiden Name Margret B. Terrell                        | Mother's Birthplace Maryland     |             |            |
| Name of person giving Information Eva Thawley                  | How related to deceased Daughter |             |            |

CAUSES OF DEATH

Primary

Imp. debility

15H

How long

Two years

Immediate

Influenza

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Mr. Saultsbury  
Division M?

Accident or Suicide?



Name  
in  
Full

Hona Frances Waldis.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|  |   |                                      |                 |                 |                 |                |
|--|---|--------------------------------------|-----------------|-----------------|-----------------|----------------|
| Died at <b>Near Chestnut Grove</b> Town <b>Caroline</b> County |   |                                      |                 | <b>MARYLAND</b> |                 |                |
| Date of death <b>1940</b>                                      | Month <b>Apr.</b>                             | Day <b>5</b>                         | Years <b>25</b> | Age <b>25</b>   | Months <b>4</b> | Days <b>13</b> |
| Sex <b>Female</b>  | Color or Race <b>White</b>                    | Birth-place <b>Caroline Co., Md.</b> |                 |                 |                 |                |
| Occupation <b>House-Work.</b>                                  | Where Residing if not<br>at place of death    |                                      |                 |                 |                 |                |
| Married, Single or Widowed <b>Married</b>                      | Name of Wife or Husband <b>Joseph Waldis.</b> |                                      |                 |                 |                 |                |
| Father's Name <b>George W. Kedley.</b>                         | Father's Birthplace <b>Caroline Co., Md.</b>  |                                      |                 |                 |                 |                |
| Mother's Maiden Name <b>Laura Carter.</b>                      | Mother's Birthplace " " "                     |                                      |                 |                 |                 |                |
| Name of person giving information <b>Joseph Waldis.</b>        | How related to deceased <b>Husband.</b>       |                                      |                 |                 |                 |                |

CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary

*Phthisis*

How long

*9 years*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes*

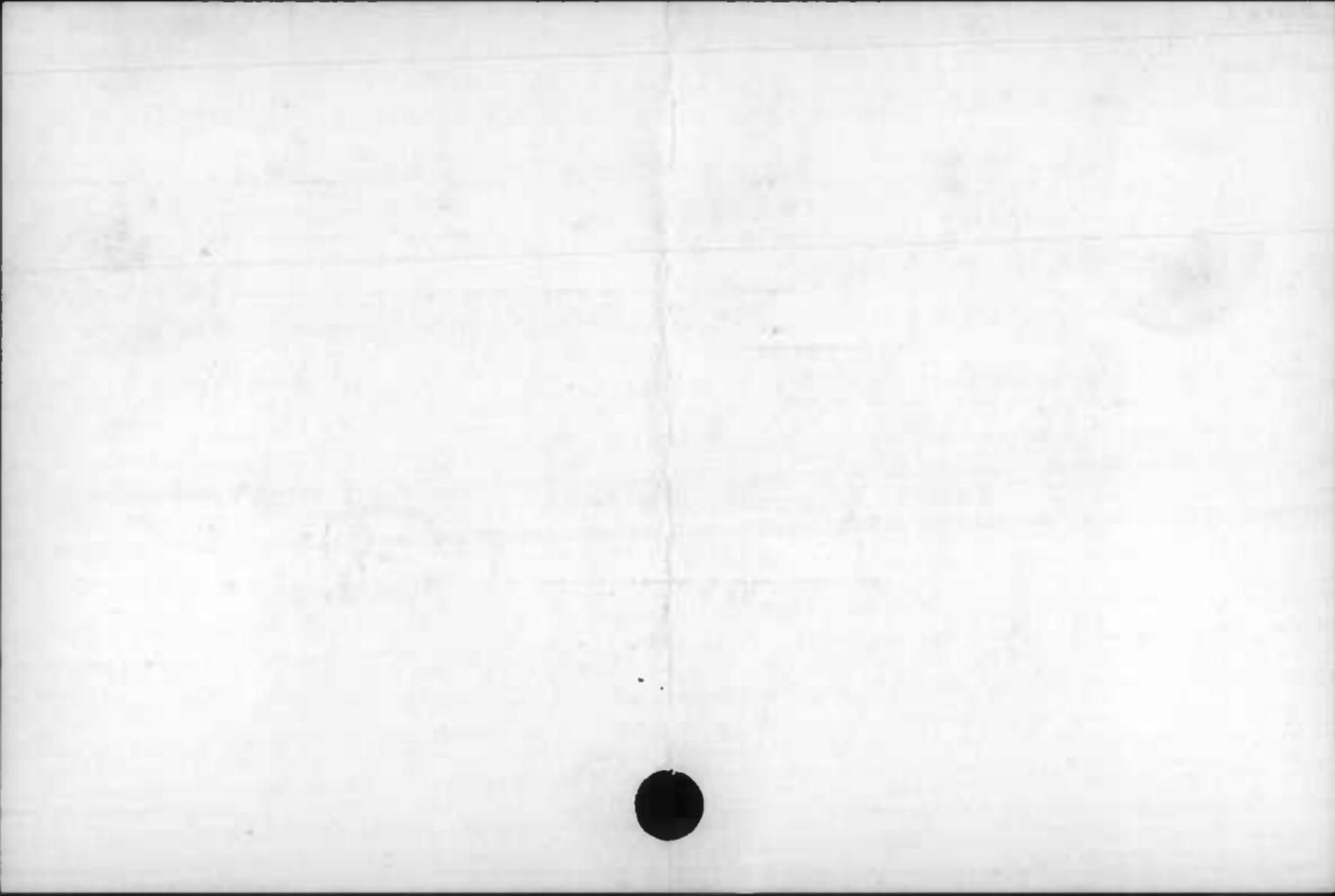
Signature of Physician

Address

*R. R. Jefferson*

Accident or Suicide?

*Federalsburg Md.*



Name  
in  
Full

Arenna Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

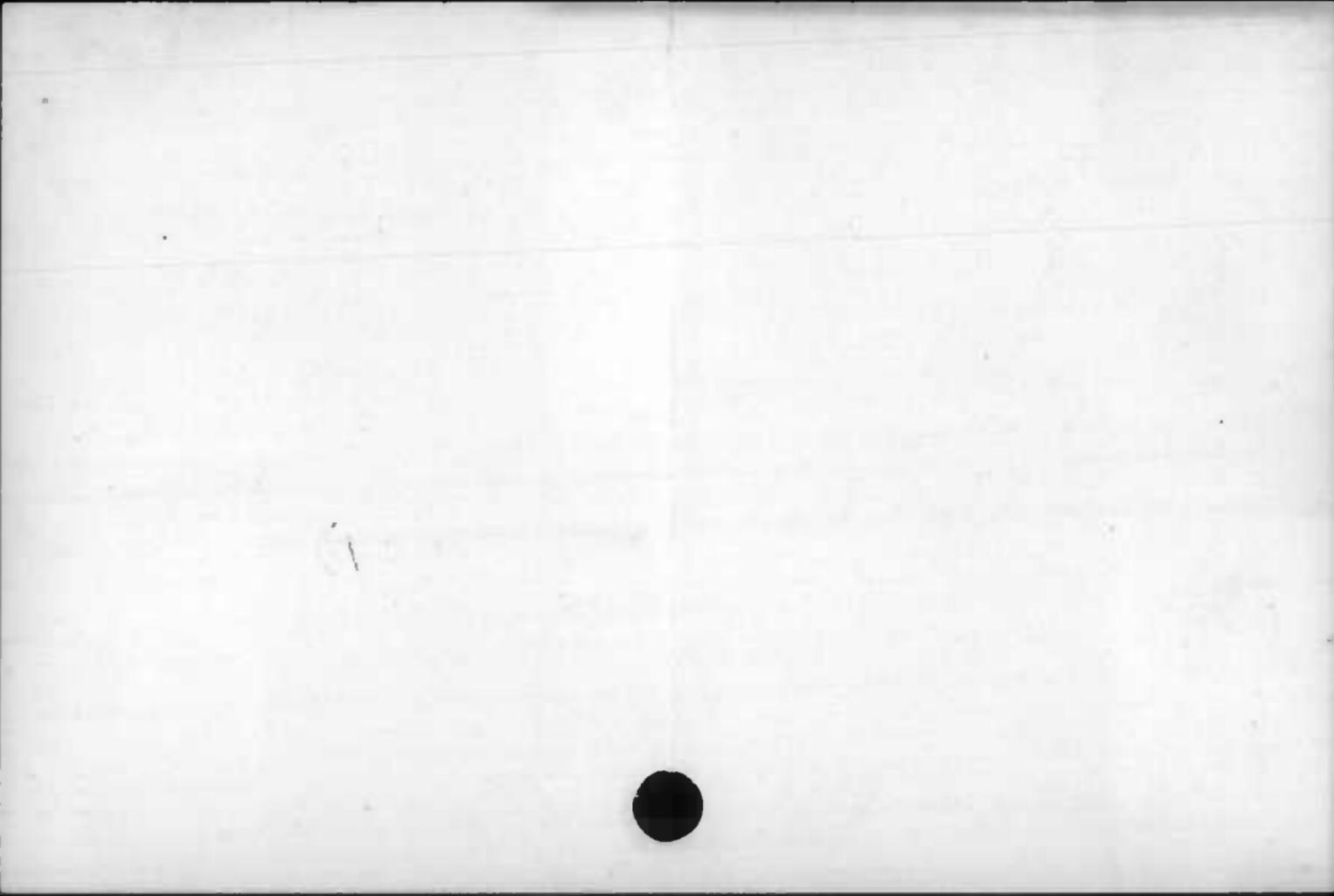
|                                   |  |                            |          |      |  |
|-----------------------------------|--|----------------------------|----------|------|--|
| Died at                           | Town                                       | County                     | MARYLAND |      |  |
| Died at                           | Federalburg.                               | Caroline                   | Months   | Days |  |
| Date of death                     | Month                                      | Day                        | Years    | Age  |  |
| 1940                              | Apr.                                       | 12                         | 30       | 30   |  |
| Sex                               | Color or Race                              | Birth-place                |          |      |  |
| Female                            | Black.                                     | Caroline Co. Md.           |          |      |  |
| Occupation                        | Where Residing if not<br>at place of death |                            |          |      |  |
| Married, Single<br>or Widowed     | Name of Wife or<br>Husband                 | William Wesley Washington, |          |      |  |
| Married.                          | William Wesley Washington,                 |                            |          |      |  |
| Father's Name                     | Charles Dickerson.                         |                            |          |      |  |
| Mother's Maiden Name              | Ann Maria Thompson.                        |                            |          |      |  |
| Name of person giving information | John H. Dickerson.                         |                            |          |      |  |

CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

|  |          |                        |                 |
|--|----------|------------------------|-----------------|
| Primary  | Phthisis | How long               | I years         |
| Immediate  |          | How long               |                 |
| Are the name, age, sex, color, date and place correctly given above? | yes      | Signature of Physician | R K Jefferson   |
|  |          | Address                | Federalburg Md. |
| Accident or Suicide?   |          |                        |                 |



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John W. Wooley hand.

CERTIFICATE OF DEATH

MARYLAND

|   |   |                            |              |          |        |
|---|---|----------------------------|--------------|----------|--------|
| Town  | County                                    |                            |              |          |        |
| Died at Bridge Town                                 | Caroline                                  |                            |              |          |        |
| Date of death 1906                                  | Month Apr.                                | Day 34                     | Years Age 85 | Months ✓ | Days ✓ |
| Sex Male  | Color or Race White                       | Birth place Queen Anne Co. |              |          |        |
| Occupation Farmer                                   | Where Residing if not at place of death   |                            |              |          |        |
| Married, Single or Widowed Widowed                  | Name of Wife or Husband Annie Wooley hand |                            |              |          |        |
| Father's Name Hanson Wooley hand                    | Father's Birthplace Queen Anne Co.        |                            |              |          |        |
| Mother's Maiden Name Harkness                       | Mother's Birthplace Unknown               |                            |              |          |        |
| Name of person giving Information Jas. Wooley hand. | How related to deceased So.               |                            |              |          |        |

CAUSES OF DEATH

Primary

Aystis.

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

12 B

x

How long

several years.

How long

10 days

J. S. Goldstein  
J. S. Goldstein M.D.

